

**SCHOOL HEALTH NURSES' ROLE IN MANAGING
SCHOOL PROGRAMMES TO PREVENT DRUG ABUSE**

by

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DECLARATION

I, Abegail Madikane, solemnly declare that this research study titled:

SCHOOL HEALTH NURSES' ROLE IN MANAGING SCHOOL PROGRAMMES TO PREVENT DRUG ABUSE

is my own work; and that to the best of my knowledge, it has not been submitted for any degree award or publication purposes at any other university or institution of higher learning, and all the sources consulted have been acknowledged accordingly.

Signed: _____
Abegail Madikane

Date: _____
dd/mm/yyyy

DEDICATION

I dedicate this study to the memory of my late mother, Evelyn Noshumi Frayster; who instilled discipline in me and sacrificed for my education as a single parent. Her sacrifices have not gone unnoticed. I will forever cherish your memory, Mom.

- My two children, Likhanyo and Michael; for encouraging me throughout my studies and helping me tirelessly with the ever-present household chores. AND
- My dear husband, Lawrence; for his unflinching support and belief in my potential.

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ABBREVIATIONS AND ACRONYMS USED IN THE STUDY

AAP	American Academy of Pediatrics
ADHD	Attention Deficit Hyperactivity Disorder
AIDS	Acquired Immuno-Deficiency Syndrome
ATS	Amphetamine-Type Stimulants
CBO	Community-Based Organisation
CHWs	Community Health Workers
CNS	Central Nervous System
CSTL	Care and Support for Teaching and Learning
DA	Drug Abuse
DARE	Drug Abuse Resistance Education
DBE	Department of Basic Education
DCPD	Diagnostic Criteria for Psychiatric Disorders
DOH	Department of Health
DS	Descriptive Statistics
DOSD	Department of Social Development
DPCI	Directorate of Priority Crime Investigation
DRCs	Drug Rehabilitation Centres
DS	Descriptive Statistics
ECD	Early Childhood Development
EFA	Education for All
EPE4	Eldorado Park Ext 4
EWP 5	Education White Paper 5
FGIs	Focus Group Interviews
FIC	Financial Intelligence Centre
GDE	Gauteng Department of Education
GDP	Gross Domestic Product
HIV	Human Immune Deficiency
HPCSA	Health Professions Council of South Africa
HPLSEs	Healthy Physical Learning School Environments
HPS	Health Promoting Schools
HPSI	Health Promoting Schools Initiative
HSRC	Human Sciences Research Council
ICN	International Council of Nursing
IDU	Injecting Drug Use
IMCI	Integrated Management of Childhood Illnesses
INP	Integrated Nutrition Programme
IS	Inductive Style
ISHP	Integrated School Health Programme
JHBMETRO	Johannesburg Metropolitan
LO	Life Orientation
LSD	Lysergic Acid Diethylamide
MEC	Member of Executive Council
NASN	National Association of School Nurses
NDoh	National Department of Health
NDMP	National Drug Master Plan
NFLIS	(US) National Forensic Laboratory Information System (
NGOs	Non-Governmental Organizations

NHS	National Health System
NI	Narrative Information
NIDA	National Institute on Drug Abuse
NPOs	Non-Profit Organizations
NSDA	National Service Delivery Agreement
NYTS	National Youth Tobacco Survey
OTC	Over-The-Counter
PHC	Primary Health Care
PSHE	Personal, Social, Health and Economic Education
RCN	Royal College of Nursing
REHAB C	Rehabilitation Centres
SACENDU	South African Community Epidemiology Network on Drug Use
SANC	South African Nursing Council
SANCA	South African National Cancer Association
SANGONET	South African Non-Governmental Organisations Network
SANOHS	South African National Oral Health Strategy
SAPS	South African Police Services
SARS	South African Revenue Service
SBST	School-Based Support Team
SCP	School Programmes
SGB	School Governing Body
SHS	School Health Services
SHN	School Health Nurse
SHT	School Health Team
SMT	Senior Management Team
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UNDA	United Nations Drug Control Programme
UNDCP	United Nations Drug Control Programme
UNODC	United Nations Office on Drugs and Crime
USA	United States of America
VASN	Virginia Association of School Nurses
VP	Voluntary Participation
WEF	World Education Forum
WHO	World Health Organization
YAHP	Youth and Adolescent Health Policy
YRBS	Youth Risk Behaviour Survey

ABSTRACT

THE SCHOOL HEALTH NURSE'S ROLE IN MANAGING THE SCHOOL DRUG ABUSE PREVENTION PROGRAMME

The purpose of this study is to explore and describe the nature and extent of school health nurses' roles and responsibilities in the prevention of drug abuse by learners in schools.

The study was conducted at two high schools in Eldorado Park Extension 4 (Region G), in Johannesburg West. A mixed-methods (triangulated) research approach was opted for, in terms of which structured focus group interviews, self-administered questionnaires, and participant observations optimised and complemented the data collection process.

The non-probability simple random sampling technique was utilised to select 35 research participants consisting of 9 (nine) educators, 1 (one) school health nurse and 25 community healthcare workers. The 1 (one) school health nurse and the 25 community-based healthcare workers were involved in the study by means of structured self-administered questionnaires, while the nine (9) educators (who were not part of the 26) only participated in the study's two focus group interview sessions.

Among others, the study's findings indicate that the distribution of professionally trained and registered school health nurses is not yet proportionally commensurate to addressing the problem of drug and substance abuse in schools. There has been a need to augment the shortage of school health nurses with community-based school health workers.

Key Words: school health nurse; role; management; drug abuse; health programme; health policy

SUMMARY OF THE DISSERTATION

The dissertation is divided into six chapters as follows:

Chapter One: Overview of the Research Project

Chapter one is a synoptic presentation of the various segments of the entire research project. These segments are thematically and logically embedded in the research topic, focusing on the broad and specific factors associated with the research problem; the purpose/aim and objectives of the study; the study's feasibility and its conceptual parameters, including the definitions of key concepts; the data collection and analysis processes; the application of ethical principles; as well as the organisation of chapters throughout the dissertation. The introduction of the chapter (Section 1.1) already presents the logic of argumentation in the dissertation, in terms of which the school health nursing domain supersedes, but is complementarily connected to, the scourge of drug abuse by learners in schools.

Chapter Two: Literature Review

In this section of the study, the literature review is described as the value of evaluating selected documents on a research topic. A literature review may form an essential part of the research process, or may constitute the research itself (Walliman, 2011, 86). Furthermore, a literature review is an overview of relevant and significant literature on the topic being studied, and may focus on critical and current knowledge obtainable from journals, books, conference papers, thesis/ dissertations and articles from accredited and peer reviewed scientific (Parahoo, 2006). Literature review is also posited as a critical summary of research on a topic of interest, often prepared to put a research problem in context (Polit & Beck, 2012: 767).

Chapter Three: Conceptual/ Theoretical Framework

Theoretical framework is an abstract generalization that presents a systematic explanation about the relationships among variables of a phenomena (Polit & Beck, 2012: 767). Polit and Hungler (2004: 4) illuminate that a theory is basically an organized, symbolic representation of reality that specifies relationships among key concepts, ideas or phenomena of interest. In addition, a theory provides a (descriptive, explanatory or predictive) context for understanding and explaining patterns found in data. Together with the key concepts or principles derived from the selected theory or theories of this study, the theoretical framework permeates different, but thematically connected concepts, theories, and ideas. Theoretical frameworks or perspectives, therefore, provide the researcher with a context for organizing the examination of the identified research problem and the attendant data collection processes (Brink et al., 2012: 24).

Research studies are largely based on specific paradigms or perspectives that establish the boundaries for scientific inquiry. The paradigms themselves could also be influenced by the researcher's own value system. A research paradigm or perspective itself is described as a means of observing phenomena by involving philosophical assumptions that inform and guide a particular approach to a study. (Polit & Beck, 2012: 736). The philosophical assumptions are construed as basic principles applied without proof/evidence or means of verification (Brink et al., 2010: 24). The basic philosophical principles or assumptions are categorized into abstract ideas or concepts on the following basis: ontologically (based on patterns of assumptions about reality); epistemologically (based on knowledge of reality); methodologically (based on particular ways of knowing about reality); axiologically (based on the comprehensive and detailed attention the researcher allocates to all aspects of the research process as a whole); and rhetorically (based on the extent of the researcher's persuasive speaking, e.g. during the empirical phase of research) or writing (e.g. during the compilation of the questionnaire or report of the study). In this study, a hybrid approach to the relevant assumptions has been employed, with the theory of drug abuse forming the central theoretical exegesis.

Chapter Four: Research Design and Methods

'Research design' and 'research methodology' are "...applied differently and used interchangeably by researchers and scholars of various intellectual persuasions" (Mouton, 2015:55). The research method is techniques used to structure a study and gather and analyse information in a systematic fashion and research design is the overall plan for addressing a research question, including specifications for enhancing the study's integrity (Polit & Beck, 2008: 765). Both qualitative and quantitative research approaches seemed appropriate for this study, based on the affirmation that the complementarity of narrative statements and numbers reinforce each other research (Polit & Beck's, 2016: 556). In this regard, both descriptive and exploratory research approaches were utilised. Such an orientation enhanced the exploration and description of the phenomenon of drug abuse by learners in schools (as 'natural'/real-life habitats), as well as the regularity or frequency according to which the phenomenon has manifested itself (Creswell, 2009: 15; Burns & Grove, 2011: 77).

Chapter Five: Data Presentation and Interpretation

Data collection is the formal procedures researchers develop to guide the collection of data in a standardized manner, and data analysis is the systematic organization and synthesis of research data. The combination of qualitative data collection and analysis is a concurrent process, with the coding and categorization of themes implies that coded data will be interpreted and presented while ensuring participants' anonymity.

After its analysis, the collected data was finally interpreted in accordance with the emerging thematic patterns for purposes of constructing meaningful understanding.

Polit and Beck (2010: 463) mention that the primary goal of data analysis is to organize, structure, and to allocate meaning to the data that has been collected. Additionally, the usefulness of data analysis is influenced by the extent to which the research methods and data collection instruments were developed and applied in the study. Babbie and Mouton (2001: 563) emphasize that “the worth of all scientific findings depends heavily on the manner in which the data was collected and analyzed”. It is on the basis of the research instrument’s efficacy that the reliability, validity, and credibility of the study could be determined. Data analysis, therefore, provides a context for the standardization of monitoring, evaluation, and quality assurance to the accumulated or collected data in the study.

Chapter Six: Main Conclusions, Recommendations, and Further Research

The previous chapter dealt with data collection and analysis the usefulness of data analysis which is influenced by the extent to which the research methods and data collection instruments were developed and applied in the study. School health nurses’ role in managing school drug abuse prevention programme is crucial. The recruitment of school health nurses is of essence. The school health nurses should be visible in schools and they must be supported to run these programmes successfully.

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CHAPTER ONE

OVERVIEW OF THE RESEARCH PROJECT

1.1 INTRODUCTION

The entire research process in this study is characterized by three essential elements, namely: the school health nursing domain, the learners' drug abuse environment, as well as the actual research process as encapsulated in the research topic itself, the research problem, the research objectives and the conceptual parameters of the study on the one hand; as well as the data collection and analysis processes on the other. Most importantly, these three critical elements are interstitially linked to the eventual outcome of the entire research process (Burns & Grove, 2011: 188; Walliman, 2011: 87). The ethical aspects of research are also presented and highlight both the professional and scientific norms and standards which guided the conduct of the researcher and the research participants.

School health nursing is an indispensable aspect of health services provision, and also forms a crucial link between school and society (Department of Health/ DoH & Department of Basic Education/ DoBE, 2012: 9; National Development Plan/ NDP, 2012: 118). As a phenomenon, school health nursing applies differently in different contexts and countries. Neale and Griffin (2018: 23) assert that factors such as human resources, professional issues, cost implications and patient concerns have a bearing on the role of school health nursing as part of a country's broader health system. This view is also supported by researchers such as Degu and Yigzaw (2005: 5), who elaborate further from a health systems perspective that: "Worldwide, knowledge is the basis on which new tools, strategies, and approaches are devised that are applicable to health problems facing many countries. Local knowledge, specific to the particular circumstances of each country can inform decision regarding which health problems are important, what measures should be applied and how to obtain the greatest health benefit from existing tools and limited resources".

In most developed countries for instance, school health nurses are professionally trained and registered healthcare practitioners specialising in the provision of young children's health needs in schools. In such instances, both the national economy and the design of the healthcare system have the capacity to afford the multifaceted requirements of school health nurses (SHNs) as a payable category from other professional nurses rendering their services exclusively in hospitals and clinics. On the other hand, particularly for still developing countries and their embryonic economies, school health nursing could entail a community-oriented perspective. Such contexts are characterized by members of the particular community being

trained to render healthcare services both in schools and in their communities. Notwithstanding these contextual and country-specific variations, it has been determined irrefutably that school health nursing is an inseparable component of the entire healthcare system in a country (Neale & Griffin, 2006: 23-24).

To the extent that school health nurses are viewed as bridging the space between school and community, it is then conceivable that such bridging would focus on the community's healthcare needs. In the context of the study (as encapsulated in the research topic itself), the school is the primary focal point at which the capacity (or lack thereof) of school health nurses is determined insofar as a problematic state of affairs prevails in the form of learners' drug abuse. It is in this context that a symbiotic link exists between the school health nursing professional environment and learners' drug abuse environment in schools. Both the schools and the learners are part of a community or society, thus presenting three logically inseparable variables: the school; the learners' drug abuse problem; and the capacity of school health nursing to contribute towards the amelioration of the identified problem. In addition to school-based violence, the scourge of drug abuse by learners in schools is increasingly reaching alarming proportions. The dangers posed by drug abuse over the years transcends even individual and family boundaries (Mellish, 2012: 224). Unless concerted and urgent interventions are deployed, the problem may escalate to levels that may even reflect negatively on the country's moral and ethical rubric in the eyes of the international community; and may even have undesirable economic ramifications as well (Mabasa, 2012: 26).

1.2 BACKGROUND/ CONTEXT OF THE RESEARCH PROBLEM

As indicated in the introduction above, while the role of the school health nurse is a priority research variable, the aspect of learners' drug abuse could not be relegated to the periphery. It is this latter aspect that specifically elevates the relevance and meaningfulness of the school health nurse's role as the more problematic terrain of the investigation. The abuse of drugs has aggravated the general state of violence in schools (Department of Health/ DoH, 2012: 2018; Department of Social Development/ DoSD, 2013: 116; Mabasa, 2012: 33-34). The sparse availability of dedicated on-site professional nurses in schools is a cause for serious concerns. Especially for the exponential urban and unplanned informal settlements' population growths, the current allocation or ratio of a single registered professional primary healthcare (PHC) nurse for every two thousand primary school learners is definitely untenable. This assertion by the researcher does not overlook the fact that the nursing profession continues to experience unprecedented levels of the "brain drain" phenomenon

(Manyisa & van Aswegen, 2017: 29). It is against this background that the research problem and its background both reside in the incongruence between the magnitude of the learners' drug problem (as a qualitative manifestation of the general state of teaching and learning, particularly in urban township schools) on the one hand; as well as the need for a concomitant quantitative increase in the SHN human resources provision required to effectively reduce and ultimately eliminate the prevalence of drugs and substance abuse in schools and its related and rampant social ills.

The research site selected for this study is one of the most well-known drug-infested areas of Johannesburg West. The devastating effects of drug abuse to the learners and their families and society at large are immeasurable, notwithstanding the unquantifiable burden of cost to the economy and the broader image of the country (Mellish et al., 2012: 221). Learners on drugs suffer catastrophic physiological and psychological consequences. In addition, their educational performance and expected social involvement inadvertently deteriorate into oblivion. The researcher is a resident in the geographic vicinity of the selected research site for more than a decade, and has observed the escalating drug abuse trend and its devastating socio-economic consequences on the learners' quality of life in the schools in the area. For instance, the South African Police Service (SAPS) reported that at the very selected research site, there were 2,117 drug-related crimes in 2016, and 2,134 of the same kind of crimes in 2017 (SAPS, 2018). A grimmer picture is projected in the assertion: "Criminologists estimate that alcohol or drug use by the attacker accounts for 30 to 50 percent of violent crime" (Mabasa, 2012: 37).

At the systemic level, poor nursing healthcare services may be a reflection of "the lack of distribution of health care workers and nurses in various health levels and subdivisions" (Srivastava, Tucker, Draper & Milner, 2008: 2671). The latter authors' reflection holds even true for SHN services and practices, which may suffer as a result of the concentration of nursing and healthcare services to the traditional recipients and institutions (e.g. clinics and hospitals) where adults are in the majority, to the detriment of the 'non-adult' sector of the population such as children in schools. Such a state of affairs (heavy concentration on adults) globally is indicative of the erstwhile professional interdependence or interdisciplinarity between nurses, doctors, physicians and various categories of healthcare consumers and patients in various contexts (Neale & Griffin, 2006: 24; Srivastava et al., 2008: 2672).

Internationally, there are contextually-driven and country-specific similarities and dissimilarities in the practice of school health nursing. These similarities and dissimilarities in roles and responsibilities have been occasioned by factors such as

increasing school-based violence, drug and substance abuse, and HIV/AIDS (Royal College of Nursing/ RCN, 2012: 13). In the United Kingdom (UK) for instance, the roles and responsibilities of school health nurses could be derived from the various SHN titles such as 'school health advisor', 'specialist community public health nurse', and 'public health nurse' (RCN, 2012: 13). The terminological reference to the SHN in the UK implies an integrated community- or public-oriented trajectory to their expected roles and responsibilities, as opposed to an entirely professional direction of rendering healthcare services (i.e. to clinic and hospitals mainly). Such an integrated approach could be viewed as embracing a "whole school, whole community, whole child (WSC)" perspective as advocated by its proponents such as Coombe (2002: 15-16) and Morse and Allensworth (2015: 785).

In countries such as the USA (United State of America), the school health nurse's role is more focused on the schools themselves than on both the community and the clinics and hospitals as in contexts such as those prevailing in the UK (National Association of Nurses/ NASN, 2017). As in the UK context, the school health nurse in the US is a registered and professionally trained healthcare practitioner in the area of nursing and healthcare who renders health counselling and educational services (Virginia Association of School Nurses/ VASN, 2013: 5). However, in the US, a school health nurse is a healthcare professional who renders his/her services specifically in the schools and other educational institutions. "In fact, school nurses ***are some of the most important and necessary faculty members in all schools*** [researcher's bold italics for emphasis]".

In the African context, and the Sub-Saharan African context in particular, the practice of nursing and healthcare is characterised by "population needs, current practice and expectations of stakeholders" (Ugochukwu, Uys, Karani, Okoronkwo & Diop, 2013). 117). In terms of this perspective, the character of nursing and healthcare becomes defined by both its community-orientedness and internationally accepted professional norms and standards. Due to the structure of (embryonic) economic circumstances, there is a deliberate focus of nursing and healthcare services in schools, clinics, schools and communities by mainstream nurses. That is, very little or no dedicated cadre of specific school-bound nursing staff are trained entirely for SHN purposes only. In some instances, community-based members are trained in elementary healthcare practice and become local para-professionals rendering healthcare in local schools. "Since Africa sometimes experiences the outbreaks of serious epidemics, it is also important that nurses are competent in implementing and evaluating community plans to handle such outbreaks" (Ugochukwu et al., 2013: 129). The Sub-Saharan context

of school health nursing generally also reflects a pedagogic orientation, in terms of which the primary focus is the inculcation of safety and health education (read: hygiene) to learners (UNICEF, 2013: 34)

In the South African context, the Integrated School Health Policy (ISHP) of 2012 – and to a greater or lesser extent, the National Drug Master Plan: 2013-2017 - are the monumental policy documents intended to systematise the post-apartheid health and education sectors from early childhood to high school. Currently, “there are three categories of nurses: professional (registered) nurses with 4 years of training; enrolled nurses with 2 years of training, and nursing assistants or auxiliaries with 1 year of training. The majority of professional (registered) nurses are also midwives, and the terms ‘nurse’ and ‘midwife’ are used interchangeably in the Nursing Act” (Armstrong & Rispel, 2015: 2). The post-apartheid dispensation has necessitated the reconfiguration of genuinely inclusive and comprehensive school health programmes in accordance with World Health Organisation guidelines of universal health coverage in schools. As a result, the ISHP describes the role of the school health nurse as providing preventive and promotive services which address the health needs of learners and the youth with regard to both their immediate and future health (DoH & DoBE, 2012: 6).

The emphasis on social accountability has infused a hybridised nursing and healthcare model for school health nurses. These nurses are first and foremost, legally contracted to the Department of Health. The researcher argues that, as employees of the DoH, their non-permanent and infrequent deployment or visits to schools is akin to ‘secondment’ to the Department of Basic Education. In this regard, they render their services in the management of learners’ drug abuse as members of School Health Teams (SHTs) whose composition is not necessarily characterised by healthcare professionals. While they are expected to play a leading role in the implementation of drug prevention programmes (guided by the ISHP), they are at the same time not full-time school-based healthcare professionals in the employ of the Department of Basic Education, the fiduciary custodian of schools. Therefore, school health nurses’ roles and responsibilities become ontologically *ad hoc* in their nature and character.

1.2.1 Statement of the Research Problem

The synoptically presented background of the research problem above (which is elaborated further in the literature review (Chapter 2)) is the precursor to the statement of the research problem as articulated by the researcher, which still symbiotically entails the school health nursing environment, as well as the learners’ drug abuse domain. The identified research problem is logically connected to both the background

as presented in Section 1.2 above and the research purpose and objectives as outlined in Section 1.3 sub-section 1.3.1 respectively (Greener, 2008: 14). At the very irreducible level, the research problem is premised on: *The imbalance between the quantitative availability and provision of school health nurses and the scale and magnitude of learners' on-going drug abuse*. It is then *fait accompli* that the school health nursing factors would be inseparable from the learners' drug abuse factors. Furthermore, the problematic milieu of the research problem highlights systemic or inherent challenges in areas such as the human resources provision of school health nurses as manifested in the conspicuously untenable 1:2000 ratio, as well as the level of their training in respect of the various nursing categories as pointed out by Manyisa and van Aswegen (2017: 29). On the other hand, the learners' drug abuse factors are centripetally focused on the magnitude of the abuse and the efficacy of the available drug abuse problem in schools as articulated variously by the Integrated School Health Policy (of the DoH & DoBE, 2012) and the National Drug Master Plan: 2013-2017 of the Department of Social Development (DoSD, 2013). It is therefore irrefutable that both the quantitative and qualitative (training capacity, knowledge and skills relevant to drug abuse by learners) of the school health nursing domain translates into the capacity to address the drug abuse scourge in schools.

The World Health Organization (1996) and the Department of Health (2012) report that the salience of school health nurses could overwhelmingly be overshadowed by their shortage in comparison to the high learner-to-health nurse ratio. Therefore, zero tolerance of illicit substances needs to be prioritized in school health programmes. On that basis, this study has considered the view that the re-institutionalisation of dedicated school health nurses (as in the American model of school health nursing) as part of coordinated school health and education services and programmes. In a school setting, it is expected of teachers to spend most of their time teaching. Therefore, performing school health nurses' tasks (either on a temporary (*ad hoc*) or regular basis) consumes their time and resources that could be expended on duties directly related to teaching *per se*.

With regard to the problem of learners' drug abuse in schools, it has been argued that efficacious health programmes are conducive to learners' behavioural and attitudinal change (DoSD, 2013: 64; West & O'Neal, 2004: 1027). To this effect, the National Drug Master Plan of the Department of Social Development (2013: 64) has noted that:

the number and spread of the **activities** or interventions used are not a measure of the success of the interventions. For example, reaching 5000 pupils in 250 schools is not a measure of the success of an intervention or programme aimed at increasing the resistance of pupils to experiment with drugs. Rather, the success of the programme

should be measured by the number of pupils in a given population who do not take drugs, compared to a population who had not experienced the programme.

It is envisaged that the systematic and evidence-based resolution of the research problem In recent times, the phenomenon of drug abuse in schools has been of interest to researchers, educationists, academics and experts in various societal field of knowledge (WHO, 2015). (*The imbalance between the quantitative availability and provision of school health nurses and the scale and magnitude of learners' on-going drug abuse*) will be of utilitarian value to school health nursing and provision of health education and safety of learners in the context of drug abuse and its implications on learners' quality of life. The current allocation of school health nurses does not match the enormity of drug abuse in schools. These nurses are few and only visit schools on scheduled days. There is a case for the training of community-based health workers to be part of school-based health teams under the supervision of professionally trained registered and experienced.

1.3 RESEARCH AIM/PURPOSE AND OBJECTIVES

The aim, purpose, or goal of the study refers to the broadly stated or general intentions of the study (Fouche, 2002: 107). In this study, the general intention (aim/purpose) is articulated as: *To explore and describe the nature and extent of school health nurses' role in the prevention of drug abuse by learners in schools.*

As articulated in sub-section 1.2.1 (pp. 5-7), the most central problem being investigated in this research is premised on *the imbalance between the quantitative availability and provision of school health nurses and the scale and magnitude of learners' on-going drug abuse*. The articulation of the research problem thus, necessarily coheres with the research purpose (Polit & Beck, 2012: 36), namely: *to explore and describe the nature and extent of school health nurses' role in the prevention of drug abuse by learners in schools.*

1.3.1 Research Objectives

While the research aim or purpose of the study reflects general intentions on the part of the researcher in conducting the study, the research objectives are more specific and focus on particular courses of action undertaken to unbundle or unpack the general intentions into their most reducible aspects (b Accordingly, the objectives of the study have been articulated as follows:

- To describe and explain the current state and role of school health nurses in relation to the prevention of drug abuse in schools;
- To assess the human resources capacity and training of school health nurses to confront the magnitude of learners' drug abuse in schools;

- To determine the extent of the community's support of school health nurses' efforts in the management of learners' drug abuse;
- To determine the quality and efficacy of drug prevention and rehabilitation programmes in schools in relation to the Integrated School Health Policy and National Drug Master Plan: 2013-2017; and
- To determine the extent of school health nurses' inter-professional (interdisciplinary) collaboration with relevant internal and external stakeholders.

It is envisaged that the above-stated research objectives are sufficient to enable the researcher in obtaining evidence-based data and information relevant for better understanding of the structurally and functionally deficient and problematic state characterising the skewed provision of school health nurses in public schools, many of whom carry the burden of learners' drug abuse.

1.4 FEASIBILITY OF THE STUDY

The feasibility of the study was premised on a multiplicity of factors, such as the availability of human research expertise and fiscal resources to execute the planned investigation; research motivation and interest; the research context; as well as relevance or acceptability of the study's findings and implications for socio-economic development and its contribution to the body of knowledge (Brink, van der Walt & van Rensburg, 2012: 65). In this regard, the study's feasibility was principally guided by a determination of **what** was being studied, **why** was the study necessary (its significance), and **how** the self-same study was to be conducted (Unisa Research Manual, 2016: 53).

The researcher is a long-standing member of the community in which the study was conducted. The researcher also has first-hand knowledge of the scourge of learners' drug abuse in the schools selected as research sites. It is against this background that the affected communities and schools accepted the study being undertaken. From a financial perspective, the researcher was able to fund the study and its associated costs by herself.

The study's most cogent feasibility factor is premised on addressing a real and serious problem in society. Drug abuse in general has severe implications for individuals, families, communities, and the country as a whole (Mellish, 2012:224). The re-institutionalisation of dedicated school health nurses as part of a comprehensive school health policy will necessarily increase the human resource requirements in schools. Teachers would concentrate on teaching-related duties only, while the health-related aspects of schooling would be entirely located within the domain of school health teams under the direct supervision of professionally trained school health

nurses. Accordingly, more employment opportunities would necessarily be opened for school health nurses in every publicly funded school in the country.

1.5 DEFINITION OF KEY CONCEPTS

For purposes of the study, the definition of key concepts provided contextually relevant meaning to those terms and concepts that are thematically linked to, and embedded in the research topic, its research problem, and the research process as a whole (Kreuger & Neuman, 2006). Accordingly, the most relevant and key conceptual definitions are organised to demonstrate that the study is a logical extension of current knowledge based on theories, conceptual paradigms, or assumptions (Brink et al., 2012: 24). The alphabetic arrangement of the conceptual and operational definitions below does not necessarily signify prioritisation of any particular concept or nuance being described. The following key terms have been identified in this study as critical conceptual variables, and are explained in both their contextual and literal meanings and applications unless indicated otherwise (Walliman, 2011: 46).

Drug/ Substance abuse: “Encompasses psychoactive or dependence-producing drugs such as alcohol, nicotine, over-the-counter and prescription medication, as well as illicit drugs such as cannabis, cocaine and heroin” (DSD, 2013: 18). Inappropriate drug use behaviour is usually manifested in three phases: initial use, habitual use, and relapse. During the initial use phase, the user engages in experimental, occasional or light irregular use of the drug over time and includes both dependence and abuse diagnosis (Volkow, 2006: 70).

Health policy: “A statement of intent for achieving an [health] objective” (Appiah-Kubi, 2015: 2). A health policy is derived from a legal framework, and serves as guidelines that are laid down to promote the health of individual citizens, families, communities and the population at large (DiGaudio, 1993: 9).

Health programme: The provision of school health services as an essential and equitable avenue for achieving the goal of education for all; such provision “not only responds to the need, but also increases the efficacy of other investments in child development, ensures better educational outcomes, achieves greater social equity and is a highly cost effective strategy” (DoH & DoBE, 2012: 6). According to the WEF, an effective school health programme should encompass **all** of the following four factors: health-related school policies; ensure a healthy physical, learning environment, emphasizing safe water and sanitation; skill-based health education; and school-based health and nutrition.

Integrated School Health Policy: a document of the DoH and DoBE “which outlines the role of our respective departments in addressing the health needs of learners, with

the aim of ensuring that a strong school health service operates according to clear standards across the country. This policy focuses on addressing both the immediate health problems of learners (including those that constitute barriers to learning) as well as implementing interventions that can promote their health and well-being during both childhood and adulthood. In 2012, more than twelve million learners were enrolled in public schools in South Africa. Whilst provision of school health services will initially focus on ensuring that services are provided to learners in the most disadvantaged schools, ensuring that coverage is progressively extended to all schools and learners will remain a priority" (DoH & DoBE, 2012: 2).

Integrated Task Team and School Health Administration: Integrated Task Team and school health administration in South Africa resolved a plethora of historical outgrowths and controversy over the whole subject of administration of school health and nurses' involvement in it. This problem has rarely been thought of objectively except in South Africa where keen partisanship for collaboration among basic education, social welfare and health administration are the rule since the inception of Integrated School Health Programme (DoH & DoBE, 2012: 17; Milliken-Tull & McDonnell, 2017: 18).

Management: the organisation, coordination, and provision of operational support systems intended to achieve the strategic objectives of preventing drug abuse (DSD, 2013: 19).

Role: A role is an organized collection of behavioural expectations (Neale and Griffin, 2006). A role consists of specific tasks, responsibilities and traits essential to its performance (Dierdorff and Morgeson, 2007). Biddle and Thomas (1966) identify seven ways of describing roles, two of which will be used in this study; namely, overt prescriptive and overt descriptive roles. In this study, overt prescriptive roles are those tasks that are directly given to a set of people, e.g. nurses (the focus of component 2 of the study), while overt descriptive roles are the tasks that are observably performed by the group (the focus of component 3 of the study). The role of the professional associations is to: advocate the interests of patients and nurses; create opportunities for nurses' professional development; and negotiate for salaries and benefits for nurses particularly in the public sector (Mureithi, Mwenda, & Yengo 2010).

School health nurse: a trained nursing professional specifically involved with the advancement of learners' physical, emotional, social, and educational success and achievement for their lifelong developmental needs (DoBE & DoH, 2012: 9). He/She is an advanced professional nurse specialising in Child Health Care Nursing Science, who practices as direct care giver, teacher, counsellor, consultant, and case manager

in schools in which he/ she provides school health services (National Association of School Nurses, 2011: 2). In this study, the school health nurse provides health-related services as part of the primary health care (PHC) team to ensure the learners' physical, emotional, and psychological wellbeing (Stanhope & Lancaster, 2012: 916).

School health programme: an integrated set of sequentially planned school-based strategies, activities and services designed to promote the optimal physical, emotional, social, and educational development of learners. The World Health Organization defines a school health programme as "a combination of services ensuring the physical, mental and social well-being of learners so as to maximize their learning capabilities. The WHO Expert Committee on School Health argue that school health programmes can advance public health, education, social and economic development, and that the global expansion of school health programmes attests to the value placed internationally on such programmes" (DoH & DoBE, 2012: 6). An effective school health programme "depends on strong partnerships between education and health sectors, teachers and health workers, schools and community groups and learners and persons responsible for school health programmes" (DoH & DoBE, 2012: 16).

1.6 CONCEPTUAL/ THEORETICAL FRAMEWORK

Polit and Hungler (2010: 4) illuminate that a theory is basically an organized, symbolic representation of reality that specifies relationships among *key concepts*, ideas or phenomena of interest. Additionally, a theory provides a (descriptive, explanatory, or predictive) context for understanding and explaining patterns found in data. Together with the key concepts or principles derived from the selected theory or theories of this study, the theoretical framework permeates different, but thematically connected concepts, theories, and ideas. Theoretical frameworks or perspectives, therefore, provided the researcher with a context for organizing the examination of the identified research problem and the attendant data collection processes (Brink et al., 2012: 24).

It is the researcher's intention to cite the relevant theory/theories, as well as its/their drug abuse prevention and treatment, and policy implications (Lee, 2011: 4). For instance, the *social strain theory* suggests that abusers are not fully integrated into society due to rapid social changes and the strain of attempting to conform to high social expectations of material success without access to socially acceptable means of achieving that success (Akers, 1992). This state of affairs leads to decreased affiliation with society and its norms and deviant behaviour in the form of drug use, either as a means to material success or as an escape from one's lack of success.

1.7 RESEARCH DESIGN AND METHODOLOGY

(The research design and methodology has been elaborated in more detail in Chapter 4). Mouton (2001: 55) asserts that 'research design' and 'research methodology' are applied differently and used interchangeably by researchers and scholars of various intellectual persuasions. Despite the prevalence of different understanding of 'research design' and 'research methodology' Mouton (2001: 55) still asserts that research methodology' is premised on "the systematic study of processes and principles that guide scientific investigations and research". It is against this backdrop, and for purposes of this study, that the terms 'research design' and 'research methodology' are viewed as separate, but inter-related concepts. It is in this regard that the data collection and analysis tools or techniques entailed both qualitative and quantitative research approaches (Polit & Beck, 2008: 556).

1.7.1 Research Design

As stated in Section 1.7 above, the notion of 'research design' is understood herein as separate, but complementary at the same time. Kumar (2011: 95) explains that: "A research design is a *[procedural] plan, structure and strategy of investigation* so conceived as to obtain answers to research questions or problems. *The plan is the complete scheme or programme of the research*. It includes an outline of what the investigator will do from writing the hypotheses and their operational implications *to the final analysis of data* ... A traditional research design is a blueprint or detailed plan for *how* a research study is to be completed — operationalizing variables so they can be measured, selecting a sample of interest to study, collecting data to be used as a basis for testing hypotheses, and analysing [sic] the results [researcher's own italics for emphasis]. In this regard, a combined qualitative and quantitative research approach (triangulation) was utilised in the data collection processes of the study. Particular focus was emphasised on exploratory and descriptive designs, with the pilot study serving as the initial exploratory mechanism of the study (Parahoo, 2005: 62).

1.8 RESEARCH SETTING AND STUDY POPULATION

The setting of a study (research site) refers to the physical location or place at which the study was conducted, in conjunction with the people involved in the study (De Vos, Strydom, Fouche, & Delport, 2005: 334). The study population, on the other hand, refers to all the aggregated elements, individuals, objects, or groups which comply with some specific representative attributes, traits, or characteristics that have been predetermined by the researcher (Brink et al., 2012: 132).

1.8.1 The Research Site and Study Population

The study was conducted at two high schools and one SANCA facility in Eldorado Park Extension 4, a township located in Johannesburg West's Region G. Eldorado

Park Extension 4 is located in Johannesburg West, and has a population of approximately 60 000 people, and has two high schools and two primary schools. As indicated in Section 1.4 under 'Feasibility of the Study' (p. 8), Eldorado Park was selected on the basis of its huge drug abuse problem among learners.

The study population itself is *heterogeneous*, as it focuses on a diverse representative group (Singh, 2006: 183) consisting of educators/teachers, learners, parents, and school health nursing practitioners. The critical population of the learners is *homogenous* (bound together by the characteristic of 'learning'). At the time of conducting the research, the study population of at Eldorado Park Extension 4 schools consisted of 2, 254 learners. It is worth noting here that the study population being referred to above is more a depiction of the multiple stakeholder constituencies of the study, and not a frame of reference those sampled for participation in the study.

1.8.2 Sampling Methods/ Techniques and Sample Size

The purpose of sampling "is to draw inferences about the group from which you [the researcher] have selected the sample ... to gain in-depth knowledge about a situation/event/episode or to know as much as possible about different aspects of an individual on the assumption that the individual is typical of the group and hence will provide insight into the group" (Kumar, 2011: 42). In the context of this study, the non-probability simple random sampling method/ technique was opted for.

Non-probability random sampling is premised on the notion that the probability of selection of each participant is not known (Kumar, 2011: 181). In this sampling mode, the selection of any participant could not be known in advance, that is, until the actual selection process itself materialised. The utilisation of this sampling technique was beneficial in obviating any possible bias which may have been induced by the researcher's adequate familiarity and knowledgeability of the research environment and its dynamics, as explained and reflected on in Section 1.4 (p. 8) above.

The sample size of the study refers to a selected representative sub-group possessing the homogeneous features, characteristics, or traits of the larger population from which it (the sample) was selected (Kumar, 2011: 177). In this study, the sample size consisted of a total of **35** research participants, comprised of 1 (one) school health nurse, 25 community health workers (CHWs), and 9 (nine) educators. The entire sampling spectrum is discussed in more detail in Chapter 4.

1.9 DATA COLLECTION METHODS AND PROCEDURES

Data collection refers to the systematic utilisation of specific research tools for gathering and selecting pertinent information for the study (De Vos et al., 2011: 116). The entire range of the pertinent data collection and analysis processes and

procedures are discussed in more details in Chapter 4 and Chapter 5 respectively. Since the study's research design is both quantitative and qualitative (triangulated/ mixed methods approach), the questionnaire and focus groups were utilised for data collection in this study.

Quantitative data collection was implemented by means of self-administered questionnaires with 16 community health workers and 10 school health nurses (n=26). The questionnaires were designed by the researcher herself prior to the commencement of the study (Polit & Beck, 2012: 195). The combined open- and close-ended questionnaire items were thematically focused (Brink et al., 2012: 179) on finding out whether or not the current distribution of professional school health nursing practitioners is proportional to addressing the magnitude of learners' drug abuse in the Eldorado Park area. Such a thematic focus of the various questionnaire items was intended to cohere with the research problem, the research purpose, and the research objectives as articulated in sub-section 1.2.1, section 1.3, and sub-section 1.3.1 respectively. In this regard, the questionnaire items themselves were collectively generated from three spheres with close affinity to the research topic, namely: school health nursing; drug abuse by learners in schools; school health policy. The qualitative data collection aspect was facilitated by means of focus group interviews (FGIs) with a group of 9 (nine) educators/ teachers.

1.9.1 Data Management and Analysis

The management of data is premised on the extent to which raw data is treated and preserved to prevent it from contamination, and ensure its usability in the resolution of the research problem and optimal achievement of the research objectives (De Vos et al., 2011: 249-250). Both the qualitative and quantitative research instruments (focus group interviews and questionnaires respectively) were conducted in English, which is either the first or second language of virtually all the selected research participants and respondents in the Eldorado Park Extension area.

The focus group interviews were audio-recorded with the selected participants' due concurrence, and were stored digitally with a pass word access only known by the researcher. The researcher also utilised field notes to document relevant participant observation aspects, such as the attitudes and behaviour of participants during both the focus group interviews and questionnaire administration sessions (De Vos et al., 2011: 250). Most importantly, the researcher personally collected the questionnaires from the school health nurses/ practitioners and submitted to a qualified statistician for analysis.

1.9.2 Data Analysis

Data analysis entails the coding (compartmentalization, classification, or categorization) of data into comparable themes, principles or concepts, structural or process features/patterns, tendencies, and associations or experiences (Brink et al., 2012: 178). In this regard, the main purpose of data analysis is to organize, structure, and construct intelligible meaning derived from the collected data, in order to establish the scientific integrity of the study (Brink et al., 2012: 178). The combination of data collection and analysis as a concurrent process with coding for the themes and categorizing implies that coded data was presented and interpreted, while also ensuring the scientific rigour and integrity of the study (Ramenyi & Banister, 2013: 36).

1.10 ETHICAL ISSUES AND CONSIDERATIONS

Ethical considerations in research ensured that the legality and scientific worth of the study were beyond scrutiny (Kendall & Halliday, 2014: 305). Accordingly, both the researcher's expected conduct (behaviour) and the study itself should comply with protocol regulating scientific enquiry. On the one hand, regulation of the researcher's professional conduct ensures that – especially if the study entails an empirical aspect – the human dignity of the research participants/ subjects was neither violated nor compromised. Such non-violation is in conformity with the culture of human rights enshrined in the Constitution of the country's nascent democracy. On the other hand, the control of researchers' conduct ensures that the scientific integrity of the study is maintained, such that the veracity of the self-same study's findings could be legitimated anywhere in the world.

Subsequent to registering for her postgraduate studies at UNISA, the researcher applied for approval to conduct the study from UNISA's Department of Health Studies Research Committee. Upon granting of such permission by the Research Committee (by means of a signed clearance certificate), the researcher proceeded to apply for permission from both the Gauteng Department of Education (GDE) and National Department of Health (NDoH) to conduct the study at the selected research sites under the jurisdiction of both these Departments. Seeking such permission is inevitable, considering that both Departments are the fiduciary custodians and principal employers of most of the research participants.

1.10.1 The Respect for Participants' Human Dignity

The principle of the respect for participants' human dignity involves three convictions: autonomy/ self-determination, right of withdrawal, and voluntary participation. Individuals are autonomous. That is, they have the right to self-determination. This implies that an individual has the right to decide whether or not to participate in a study,

without the risk of penalty or prejudicial treatment. In addition, he/she has the right to withdraw from the study at any time, to refuse to give information, and to ask for clarification about the purpose of the study (Marczyk, DeMatteo, & Festinger, 2005: 242). The researcher ought to respect these rights by avoiding using any form of coercion, deception, or penalty. The decision to participate should be voluntary.

In some rural African communities and religious groups, individuals might not be regarded as autonomous, and the researcher needs to respect these practices without disregarding the human rights of potential participants (Polit & Beck, 2012: 154). Individuals with diminished autonomy require additional protection. This group includes children, persons who have mental disorders, or those who are intellectually disabled; as well as unconscious and institutionalized patients. In any situation in which power relations prevail, the potential participant might be vulnerable; for example, students whose lecturer is also the researcher.

1.10.2 Informed Consent

As for the actual conducting of the study *per se*, the researcher ensured that the written informed consent of the participants was obtained prior to engaging with the self-same participants by means of the questionnaire and/ or focus group interviews. Such consent ensured, amongst other factors, that the participants' voluntary (un-coerced) participation was obtained prior to their involvement with the study. It was at this stage that the confidentiality, privacy, and anonymity of the participants was to be ensured by the researcher in writing, and undertaking that their identity would not be divulged to any unauthorized persons. Furthermore, the researcher was transparent by disclosing the actual nature and purpose of the study, and *how* the results/ findings of the study would be used (Polit & Beck, 2004: 147). The attached Informed Consent (Annexure A, p. 97) to the research participants and Letter of Request (Annexure B, p. 98) to the research site gatekeepers, are an indication of compliance with the latter requirement.

The letter of informed consent indicates that the research participants were free to withdraw from any further involvement at any stage of the study, should they be of the view that their rights have been violated. Consent has to be obtained from the participants themselves, parents or guardians of minors (Burns & Grove, 2005). Full disclosure of the risks involved (if any) were explicitly indicated to the participants, in order to protect them from harm, exploitation, or injustice. Informed consent also means that the participants understood the aims, objectives, data collection methods and participation needed from them. The following guidelines were important with regard to informed consent: The form and value of remuneration (if any) were clarified.

Strydom (2005: 60) alludes that remuneration, where it is necessary, should only compensate the participant for costs incurred; for example, travelling costs or time spent on the project. Furthermore, such remuneration should not be excessive, as it may lead to participants engaging in research only for pecuniary reasons. Additionally, the participants were informed *how* the data would be disseminated; for example, through the current research report and an article in an accredited healthcare journal.

1.10.3 Privacy

Privacy relates to the freedom of the participants to determine the time, circumstances, and extent to which private information would be shared (Burns & Grove 2012: 209, 550). The privacy of the participants is important when empirical data is collected (Hesse-Biber & Leavy, 2011: 58). For example, the participants should be able to fill in the questionnaire in a quiet, private area. In order to ensure the privacy of the research participants, the researcher can use the following guidelines:

- Identifying information (such as a participant's name) must not be written on a survey or questionnaire, or mentioned in an interview or focus group. It is also not permissible to number surveys and questionnaires, and keep a list with corresponding participants' names;
- When information from participants is needed for the research project, the participants' informed consent should be obtained. Participants can provide answers without the possibility of these answers later being used prejudicially against them, or even embarrass them; and
- The participants must know *when* recording devices will be used, *how* and *why* they will be used. This should be stated on the consent form that the participant signs. It is advisable to destroy all tapes after the publication of research results. Information of the participants should be handled as private information.

In addition to the above-mentioned privacy guidelines, the research participants can fill in a questionnaire as a group in one venue, but each participant must have at least a chair and a table to use in filling-in questionnaires as individuals. It is also critical that the researcher should not use any concealed video cameras, tape recorders, one-way mirrors, or other recording devices. The participant should know when recording devices will be used, how and why they will be used. This should be stated on the signed consent form. In addition, the researcher should respect the participants' right to privacy by, for instance, refraining from covert data collection practices. A researcher who gathers data from participants without their knowledge – by, for instance, recording conversations on audio tape, observing through one-way mirrors and using hidden cameras and microphones – invades the privacy of the participants.

Invasion also occurs in the event the researcher shares private information without the participants' knowledge, or against their will.

It is advisable to destroy all tapes after the publication of research results. Information of the participants should be handled as private information. In the event that participants' information is needed for a research project, informed consent should first be obtained from the participants themselves.

1.10.4 Anonymity

Anonymity literally means namelessness (Hesse-Biber & Leavy, 2011: 58). The process of ensuring anonymity refers to the researcher's act of not disclosing the participant's identities with regard to their participation in the research study. In fact, it is preferable that even the researcher should not be able to link a participant with his/her data. For example, by distributing questionnaires and requiring that they be returned without any identifying details, the researcher ensured that the participants' responses remained anonymous. In the event that the results of the study are published, the researcher would assure the participants of the safeguards that he/she has put in place to protect their identities. This is particularly important when there are few participants in the study, and the research setting is easily identifiable.

For purposes of the current study, anonymity was provided when the participant's specific responses and information was not linked in any way to the participants (Burns & Grove 2012: 212). The following mechanisms could be utilised to ensure participants' anonymity:

- Provide each participant with a number or code name, or have him/her devise his/her own code, and use the code names when responding to the questionnaire items;
- Keep the master list of participants' names and matching code numbers in a safe place that is inaccessible to any unauthorized persons; and
- Destroy the list of real names.

1.10.5 Confidentiality

Confidentiality means that the information obtained through the research is not made publicly available to others, especially those who are not directly linked with the study (Kendall & Halliday, 2014: 306). When a person signs consent to participate in a research project, this right is waived; information collected from participants is made publicly known; for example, through research reports, workshops, and articles. The anonymity of the participant is protected. The 'process of ensuring confidentiality' refers to the researcher's responsibility to prevent all data gathered during the study from being linked to individual participants, divulged or made available to any other person. The exception could be in the event that the information is published for the

benefit of other researchers or scientists in the field, in which case the researcher should obtain the participants informed consent, and assure them that he/she will protect their anonymity. Data in the form of responses to questionnaires, videos and audio taped focus group interviews, and transcriptions thereof; should be kept in a secure place, such as a safe.

A breach of confidentiality occurs when a researcher allows an unauthorized person to gain access to the study data, or when he/she accidentally or otherwise reveals the participants` identities in reporting or publishing the research findings (Strydom, 2011: 61). At times, it may happen that the institution from which the researcher plans to collect the data, requests access to the information; or family members or close friends express the desire to view data that the researcher has collected on a specific participant. Furthermore, other researchers may request the data for use in their own research. It is important that the researcher plans for such possibilities, and ensure that they are considered when he/she seeks the participant`s informed consent.

1.10.6 Justice

The principle of justice states that human subjects should be treated fairly in terms of the benefits and the risks of research (Wiles, 2013: 43). The researcher must fairly select the study population in general and the research participants in particular. He/she should select the participants for reasons directly related to the research problem, and not because they are readily available or can be easily manipulated. Nor should the researcher`s choice be motivated by a desire for the participants to receive the specific benefit that the study might offer. Participants should also be treated fairly – the researcher must respect any agreements that he/she made with them. During data collection, the researcher should always be punctual, and terminate the process at the agreed time, and with respect to cultural values. The researcher must also remember to provide incentives that he/she had promised, at the commencement of the study.

1.10.7 Beneficence/ Non-Maleficance

This principle involves an effort to secure the well-being of the research participants and safeguarding their freedom from harm and exploitation during the course of their involvement with the study (Marczyk, 2005: 233). Accordingly, one should do good, and above all do no harm. Discomfort and harm could be physical, emotional, spiritual, economic, social or legal. If the research problem is one that involves a potentially harmful intervention, it may have to be abandoned or restarted to allow investigation within ethical guidelines. For example, it would be unethical to control the amount of smoking and alcohol intake among pregnant participants merely for purposes of

observing infant outcomes. The question would be asked by a review committee: *Can the information be found from any other source or by means of any research methods other than the one in which there is direct anticipated harm to the subject?*

Since the current study entails addiction, the researcher exercised her beneficence by not enticing or luring the participants with the same substances whose devastating consequences are the subject of enquiry. In addition, the affected (addicted) were not treated with disdain or derision during the study. As part of its utilitarian aspect, the study further entails recommendations with a strong referral orientation for the affected participants.

1.11 SUMMARY AND ORGANIZATION OF CHAPTERS IN THE STUDY

The dissertation is divided into six chapters, all of which are logically and thematically linked in respect of both the theoretical and empirical aspects of the entire research process.

Chapter One: Overview of the Research Project

The chapter provides a more general perspective of the critical research units of analysis that are presented and discussed in more detail in subsequent chapters. The critical research units in this regard refer to: statement of the research problem; the aim/ purpose and objectives of the study; the research questions; the feasibility/ significance of the study; the research design and methods, as well as the ethical aspects of the entire investigation.

Chapter Two: Literature Review

The literature review is described as the value of evaluating selected documents on a research topic (de Vos et al., 2011: 360). In this regard, the documents consulted for this study provided two distinctive areas pertinent to the study. These are: the international and local (South African perspective/ context and magnitude of drug abuse. The South African perspective further yielded key areas of discussion in the form of: the youth factor or culture; the legislative and policy domains; as well as the school health nursing environment.

Chapter Three: Conceptual/ Theoretical Framework

In this chapter, the theory of drug use and abuse constitutes the most critical focal point, and is presented and discussed in its various manifestations; such as the neurological, pharmacological, genetic, psychological, and sociological expression. The most relevant aspect of the conceptual/ theoretical domain is the identification of the link between the research topic and the most fundamental principles of the theory of drug use and abuse.

Chapter Four: Research Design and Methods

The chapter establishes the extent to which the *practical* is distinguishable from the *theoretical* aspects of the study. Most critical to the chapter is the fact that it presents and discusses the manner in which both the theoretical and empirical elements have been scientifically integrated in order to project the actual data collection instruments and the collected as the framework for the basis on which the findings are established and the subsequent recommendations are made.

Chapter Five: Data Presentation and Interpretation

This chapter is closely associated with the previous chapter (Chapter Four). The data collected by means of the processes and tools outlined in Chapter Four, is diagrammatically presented with the utilization of graphics (e.g. tables, graphs, charts, etc.) and analysed quantitatively in order to construct an intelligible 'picture' and interpretation. It is on the basis of the collected data that the study's significance, relevance, or usefulness could be objectively determined. The researcher's own analytic acumen (rhetorical voice) is also evaluated on the basis of the presentation and discussion of proceedings in this chapter.

Chapter Six: Main Conclusions, Findings, and Recommendations

This chapter presents and discusses a summary of the main findings, as well as the researcher's own recommendations based on, and supported by the evidence of the study's findings/ results. In addition, further or future research is also recommended in respect of possible limitations accruing from the entire research process.

1.12 CONCLUSION

Drug abuse in schools by school children is a major problem, and seeks urgent ameliorative attention. Similarly, the involvement of school health nurses in school programmes in the prevention of drug abuse is of utmost importance. Practical knowledge and management skills are required for all school health nurses to apply in the prevention of drug abuse by learners in schools. There is a need for empowerment, capacity building, and capacity building in the learning and teaching environment in order for the community school health nurses to play a major role in fulfilling preventive and promotive healthcare functions at schools. Protracted health education programmes could enhance the improvement of socio-economic circumstances of communities in affected areas, and make a significant contribution to healthy living and lifestyles free from drug abuse.

CHAPTER TWO LITERATURE REVIEW

2.1 INTRODUCTION

The previous chapter mainly presented an overview of the entire study – its processes, activities, and envisaged outcomes from its conceptualisation and to its eventual implementation. The current chapter is a more focused presentation of the (secondary and theoretical) sources of information which guided the researcher to better and more profound understanding of school health nurses' involvement in managing drug and substance abuse by learners, which is the primary phenomenon being investigated. In this chapter, the review of literature constitutes a critical synopsis of research on the research topic, which is of interest in the context of the research problem and phenomenon being investigated (Polit & Beck, 2012: 767). The review of literature may form an essential part of the research process, or may constitute the research in, and by itself (Walliman, 2011: 86). In the current study, the review of literature was part of the process (not of, or by itself) to systematically search and consult, accumulate, analyse, synthesise, and ultimately select pertinent and other relevant sources of information on the specific topic being studied (Parahoo, 2006; Singh, 2006: 39).

2.1.1 Expected Outcomes of the Literature Review

The expected outcomes of the literature review are centrally located within the realm of the study's significance and contribution, given the contradictory and contested perspectives on the roles and responsibilities of school health nurses (NASN, 2017; Neale & Griffin, 2006; Ugochukwu et al., 2013). The literature review process focused on critical and current knowledge obtained from journals, academic books, conference papers and proceedings, thesis/ dissertations, as well as government policy documents and relevant legislation in the spheres of school health nursing (De Vos et al., 2011: 116; Holtzhausen, 2007: 22). It was from these varied literature sources of information that the researcher was able to further explore both the international and local (South African) perspectives pertaining to the research topic in order to establish a comparative basis for the study; as well as to identify any emerging themes, trends/patterns, and practices in respect of the research topic (Kumar, 2011: 21). Most importantly, such a comparative orientation enabled the researcher to establish a basis from which any lessons could be learnt from other countries, and possible directions for further study in the field of drug abuse by learners and the role of school health nurses in the prevention and management of learners' drug abuse (DoH, 2012: 19).

Despite their important contributions, there has not been any universal agreement for decades among healthcare practitioners and professionals regarding the roles and responsibilities of registered professional nurses in schools (American Academy of Pediatrics/AAP, 2016: 1; Royal College of Nursing/ RCN, 2012: 12). It is utterly significant to note that the local-international comparative perspectives (notwithstanding areas of dissimilarity) were critical in determining whether or not school health nurses in particular, were a necessary professional category for involvement in addressing school-based maladies such as the abuse of drugs and substances by learners in schools. (The 'in schools' part of the research topic/ argumentation is not a mere tautological coincidence. Drug abuse still occurs outside of the physical premises of the school by the self-same age cohort who still carry the label of 'learners' even outside of the school by virtue of being registered in the records of their respective schools). Essentially, the literature review was of great insight to the researcher insofar as 'answering' some critical questions linked to both the research problem and its attendant aim/purpose and research objectives. From the researcher's viewpoint, in the order that they are presented, these questions are: *Is school healthcare nursing a necessary element in the healthcare system? Should 'social accountability' be a primary concern of the healthcare system? Is healthcare historically adult-oriented?* Collectively, these questions (and a host of others related) are premised on the justification or significance and disavowal or dismissal/ refutation of the notion of school health nursing from either a conceptual/theoretical or healthcare practice perspective.

2.1.2 The Contested Terrain of School Health Nursing

Over the years, the role and responsibilities of school health nurse in different countries has changed as radically as the factors attributed to the occurrence of those changes. The causal factors include drug abuse, the increased levels of school-based violence, and the prevalence of diseases such as HIV/Aids [sic] (RCN, 2012: 12). In spite of their discrepant conceptual, structural and functionality modalities (occasioned by the nature and socio-economic viability of country-specific healthcare systems) there are common areas of agreement concerning the roles and responsibilities of school health nurses. Several reasons have advanced the argument for healthcare provision in schools (RCN, 2012: 12-13). Learners ought to be protected and kept safe from the hazards of the physical environment of the school. Therefore, the learners need formal information, knowledge and education pertaining to school safety. Secondly, school health programmes are vital for the learners' academic stability and well-being for healthier adult lives. School health programmes should not be exclusively designed to enhance the health of learners only; but should include the

entirety of the school community such as the educators, the school administrators, the school support staff, parents and the communities in which they are located (DoH & DoBE, 2018; NASN, 2017). In the context of this study, the latter view (broadening of school health services) is of paramount significance, in that it demonstrates a 'decentralised' community-centred, social accountability perspective of taking healthcare services **to** the people; as opposed to a centralised and traditional mode in which adults are (mistakenly) presumed to be the most dominant beneficiaries of the healthcare system (Gorman, 2017; Redwood, Brangan & Leach, 2016). The reconceptualisation and re-engineering of the traditional healthcare models towards people-centred and community-orientated primary healthcare perspectives is what essentially characterises a health system (Joubert & Ehrlich, 2014: 337).

The researcher's broadening of the school healthcare nursing environment (*ipso facto*, drug abuse by learners) to the health systems domain is specifically meant to underpin the weight of the argument of whether or not they (SHNs) are necessary (*ipso facto*, relevant) as a necessary feature of the research topic. Secondly, such broadening (based on their acceptance as relevant and necessary) is indicative of the dynamics and levels of practice-related challenges they encounter as a category of the nursing profession/fraternity. According to researchers such as Degu and Yigzaw (2005: 4-5), Cordon (2013: 13, 20), and Joubert and Ehrlich (2014: 336-337), a fully-fledged and viable healthcare system entails the totality of the *structures, people* and *processes* which collectively act in unison to provide the delivery mechanism for healthcare and the enhancement of better health for all citizens regardless of age and other considerations. In its macrocosmic context, the term 'healthcare system' relates to a systematic plan for health services provision made available to all community members by means of concomitant and sustainable programmes financed by government, the private sector, or both. An integrated perspective of school health nursing - in which SHN practice is viewed in the context of health systems - is (*inter alia*) beneficial for fostering stronger relationships between healthcare service providers and healthcare users in the communities; provide in-depth understanding of identified local health care needs; as well as promoting positive health and healthy living attitudes (NASN, 2017; Gauteng Department of Health and Social Development, 2012: 18).

It is worth pointing out that in the South African context, school health nurses' involvement in the management of learners' drug abuse is **already** taking place as a policy directive under the DoH's and DoBE's Integrated School Health Policy - which is itself aligned to WHO imperatives in this regard (DoH & DoBE, 2012: 6). It is on this

base that the focus of the literature review is on **how** school health nursing practices are applied in other contexts, and not whether the role of school health nurses in schools is necessary or not; that is *fait accompli*. It is on the basis of *how*, that lessons for improvement could be derived for South Africa from international, African, and Sub-Saharan African contexts in respect of trends and practices applying to school health nursing and drug abuse by learners in schools.

2.2 SCHOOL HEALTH NURSING AND DRUG ABUSE IN AN INTERNATIONAL CONTEXT

The United Kingdom (UK) and the United States of America (USA) are referred to in this study, mainly by virtue of their established or developing socio-economic conditions and their long-standing traditions of registered professional nurses' involvement in school health programmes. For every developed (international) and developing (African/ Sub-Saharan and South African context referred to here (in this study), the school health nursing domain is presented together with its learners' drug abuse corollary for the particular context referred to. Such a *modus operandi* (of concurrent linkage of SHNs and the drug abuse domains) is useful for contextualising the various conceptual arguments and perspectives pertaining to the efficacy or otherwise of SHNs roles and responsibilities in drug abuse prevention and management in schools. There are high incidences of drug abuse worldwide among learners, and a lack of awareness of the deleterious consequences of drug and substance abuse accounts for the main causes of incidences of such abuse (World Health Organization/ WHO, 2007: 2). The majority of these learners have little knowledge about available support services in the event that they become victims of drugs and other forms of substance abuse. The extent of the drug and substance abuse problem by learners internationally is phenomenal, irrespective of the socio-economic dynamics of the particular country facing this challenge. WHO (2007: 4) estimates "that 7%-48% of adolescent males and 0.2%-32% of adolescent females are victims of coerced drug abuse induced by peer pressure" internationally. As a result of these high incidences, the United Nations Office on Drugs and Crime/ UNODC (2011: 44) has developed a framework of five indicators and trends "to measure success in combating the drug problem and especially illicit drug use". These indicators are: *drug use* in terms of determining the types of illicit usage and the total numbers of users involved; *drug production* as a means to determine the illicit cultivation and legal production sites, in order to establish the potential availability of drugs; *drug prices* as a means to determine the economic viability of illicit drug usage; *drug seizures* in order to provide relevant information on drug trafficking patterns; as well as *treatment demand*: provides "some insight into the magnitude of the drug

problem by measuring both the number of people asking for treatment and those receiving treatment for dependence-related symptoms, so as to determine the impact on social support systems" (Department of Social Development/ DSD & Central Drug Authority/ CDA, 2012: 30-31).

The above information highlighting the international scale and scope of drug abuse by learners is congenial to every school health nursing segment of this study. Not only is the international context relevant for comparative purposes, this context is also helpful for providing an eclectic base for designing intervention approaches by SHNs in the prevention and management of drug abuse by learners (Maithya, 2009: 16). Traditionally, the roles played by school nurses in preventing drug abuse include the provision of health services, identification and development of structured activities for promotion of multiple stakeholder involvement, as well as the promotion of health instruction and a healthy environment (Department of Health, 2012: 2013).

Historically, the presence and on-site availability of school health nurses provided the link between the school and society, as many parents may not be sufficiently conscious of the 'early warning' signals presented by their drug abusing children. The situation may be more aggravated amongst children from dysfunctional or unstable family backgrounds with no internal support systems, structures, or mechanisms. The school health nurses visited schools regularly. Their tasks included a complete physical assessment on the learners, such as visual and auditory testing, as well as weight, height, and urine analysis (International Council of Nursing/ ICN, 2008: WHO, 2011: 28). School health nurses provided a critical communication link between the school and the learners' families concerning the physical emotional, and psychological status of their children at school. By continuously liaising with parents, school health nurses then ensured learners' continuous attendance (AAP, 2016: 1-2).

2.2.1 The UK Context of Drug Abuse and School Health Nursing

In the UK, at least 2% of adolescents aged 16 to 17 years have at some stage used drugs such as heroin (World Drug Report of the United Nations Drug Control Programme/ UNDCP, 2001:39 cited in Maithya, 2009: 28). Furthermore, "some 8.3 percent of all young people in the UK ... had used amphetamine drugs" (UNDCP, 2001 cited in Maithya, 2009: 28). A National Health System/NHS survey of 2014 showed that 24% of the youth aged 11-15 years in the UK have abused drugs, while 44% in the same age cohort have abused alcohol (NHS, 2017: 12). These figures constitute a considerable decline in the last sixteen years when almost half of the UK's school-going population admitted to either using or experimenting in illicit substances (NHS, 2017: 12).

A UK-based study conducted by Milliken-Tull and McDonnell (2017: 2) (of which 64% were secondary school respondents and 23% were primary school respondents of all regions in England) indicated that “there has been little change in the thinking of schools, students and other stakeholders since ... 2013” concerning alcohol and drug education in the formal secondary school curriculum. Primary schools have “a more implicit approach”, by which the formalisation of alcohol and drug education into the curriculum is viewed “as a more age-appropriate” issue (ibid.). This means that primary school-level learners are ‘protected’ from the ‘snares’ of incorporating such an issue to their formal learning as they are viewed as being ‘still young’. On the other hand, the self-same Milliken-Tull and McDonnell study (2017: 2) found that there was concern with students’ academic success, and formal education on alcohol and drug abuse was viewed as having the potential to ‘thwart’ such academic impetus and success.

That the study identified “little change” by 2013, is a stark indication that: “Alcohol and drug policy is a weakness in many schools ... 3% of schools reported that they did not have a drug policy at all, while 33% of primary schools and 42% of secondary schools reported that policy had not been updated for 4 or even 5 years” (Milliken-Tull & McDonnell, 2017: 3). With regard to resources used to support drug and alcohol education, the study referred to above revealed that for primary schools, general information (68%) and classroom resources (55%) were respectively the foremost means of delivering learning on drug and alcohol abuse. In the secondary schools, classroom resources (78%) and resources developed by the school (75%) were respectively cited as the foremost means of delivering learning on drug and alcohol abuse. The local police (34% at primary schools and 52%) were also used as external agencies to deliver drug and alcohol abuse education (Milliken-Tull & McDonnell, 2017: 3).

That school health nurses in the UK are/were referred to by the different titles of ‘school health advisor’, ‘public health nurse’, ‘specialist community public health nurse’, is indicative of the historical provenance, metamorphological development, and conceptual dissonance from which the practice of this category of the nursing and healthcare profession (school health nursing) is cognate (Royal College of Nursing, 2012). “Until 2016 [prior to school budget cuts]”, professional health nurses rendered counselling and referral services to learners (Milliken-Tull & McDonnell, 2017: 9). The position of the RCN (2012) on school health nursing education and practice is that its (school health nursing) requirements should be the same professional registration requirements as those for Nursing and Midwifery. Given the increasing and expanding

needs of school children, including special needs young learners, and that “today’s school nurse is a specialist practitioner working in both the education and health fields” they (school health nurses) are then “expected to collaborate with teachers, youth workers and counsellors” as part of a multidisciplinary people-centred health team (Lee & Yip, 2014: 7,13). Figure 2.1 below is derived from the study conducted by Hoekstra, Young, Eley, Hawking and McNulty (2016: 4), and illustrates a summary of SHN roles in the UK context.

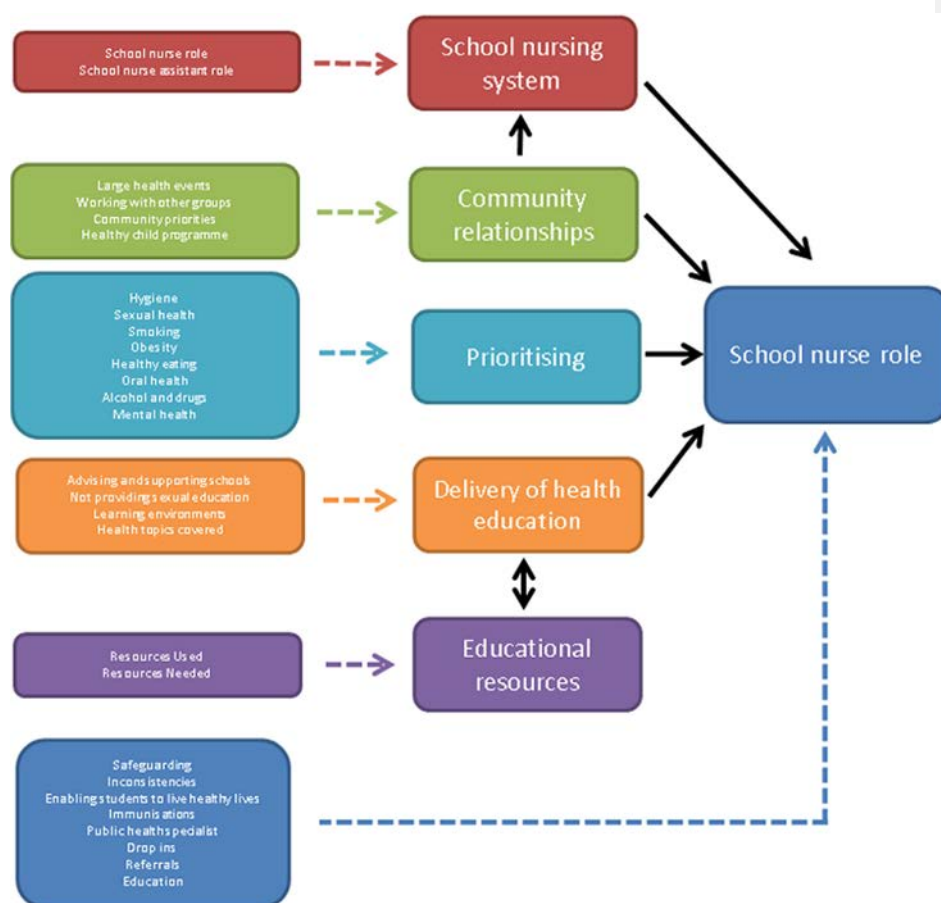


Figure 2.1: Summary of SHN roles in the UK

Source: Hoekstra, Young, Eley, Hawking & McNulty. 2016: 4

In terms of the figure below, a synopsis of SHN roles in the UK context entails mainly health-related roles, education duties, and community engagement. From their perspectives in the study by Hoekstra et al. (2014: 4) the sum total of SHN's roles were encapsulated in their support of, and contribution to personal, social, health and economic (PSHE) education. In terms of drug abuse, the PSHE approach would be

translated in the form of early detection and referral of drug abusing learners. There is also the view of

SHNs supporting teachers in the delivery of health education, rather than delivering that themselves “on a range of topics including hygiene, sexual health, mental health and healthy eating” (Hoekstra et al., 2016: 5). In many instances, the school nurses participating in the study indicated that their school health services were not adequately executed due to the schools’ preoccupation with the need for more academic time for examination preparations.

2.2.2 The USA Context of Drug Abuse and School Health Nursing

In the USA (United States of America), teenage drug and substance abuse trends indicate patterns that are similar to those observed in other parts of the world (WHO, 2011: 28). Drug abuse by high school and college students is at advance stages, and the prevalence rate is growing higher. According to data from the National Youth Tobacco Survey (NYTS), drug abuse by high school students has tripled, and the use of hookah pipe-smoking doubled from 2013 to 2014. During the self-same (2013-2014) period, the percentage of US high school students reporting drug abuse per month increased from 4.5% to 13.4%; while the percentage reporting hookah pipe use increased from 5.3% to 9.4%. Similar results were found for middle school students. Fifty-two million learners over the age of 12 years have used prescription drugs non-medically in their lifetime. In 2014, drug arrests on college campus were the highest in Montana, West Virginia, South Dakota, and Delaware. In Colorado, the US National Forensic Laboratory Information System (NFLIS) collects drug test results from law enforcement agencies in order to determine illicit drug usage across the entire state of Colorado (United Nations Office on Drugs and Crime, 2011). Cases submitted to the NFLIS are then analysed by the local forensic laboratories across the country. In 2014, the number of NFIS reports for the drug *buprenorphine*, reached a high incidence rate of 15 209. On the other hand, the number of *methadone* (a drug) reports were 15 557. Synthetic marijuana has been sold over the counter in many states in the US, particularly in gas stations, convenience stores and head shops.

The National Association of School Nurses (NASN) defines school nursing as ‘an advanced and specialised nursing practice to promote children’s health and academic success’. (NASN, 1999). In 2006, the NASN recommended a nurse-to-student ratio of 1:700. School nurses provided a unique role in delivering school health services for healthy children and also those with special needs, including chronic illnesses and various levels of disability. (American Academy of Pediatrics, 2012). The roles of school health nurses were not confined to schools only, but included communication

with parents concerning their children's health needs and general welfare. In respect of drug abuse, the school health nurse was expected to promote behavioural and attitudinal change. The latter was based on the realisation that drug intervention programmes are not successful without focusing on a change in behaviour (NASN, 2017). In their capacities as healthcare providers and liaison, school health nurses were appropriately suited to act as change agents who were able to identify drug abuse risk factors with the assistance of the Institute of Medicine (IOM) to detect mental health challenges among drug abusing learners.

School health nurses' tasks entail a team-based approach to nursing and healthcare, which is defined as "the provision of comprehensive health services to individuals, families, and/or their communities by at least 2 [two] health professionals who work collaboratively along with patients, family caregivers, and community service providers on shared goals within and across settings to achieve care that is safe, effective, patient-centered, timely, efficient, and equitable" (American Academy of Pediatrics, 2016: 2). In their community-oriented engagements, the school health nurses also provide immunisations and substance abuse interventions as part of an integrated health system.

For effective drug abuse intervention, the Virginia Association of Nurses (VASN, 2013: 5) sums that the role of the American school health nurse in relation to drug and substance abuse as: "Providing health counselling and education to individual students, classroom group, faculty and parents/guardians [and] Communicating knowledge and skills in decision making, personal values identification, problem-solving, communication which strengthen self-esteem and coping".

2.2.3 A Sub-Saharan African Context of Drug Abuse and School Health Nursing
Studies conducted in some Sub-Saharan African countries indicate high drug abuse prevalence trends (Munga, Kilima, Malemwa, Kisoka & Malecela, 2012; Maithya, 2014: 6). For instance, 33.5% of secondary school learners in Uganda and 22.5% of learners in Nigeria indulged in drug abuse (United Nations Office on Drugs and Crime/ UNODC, 2011: 8). A related drug abuse study conducted by the World Health Organization indicated that Ethiopia had the highest rate of 34.4%, compared with countries such as Bangladesh, Brazil, Japan and Tanzania (WHO, 2011: 16). The focus on Ethiopia is accentuated by the fact that Addis Ababa – its capital – is experiencing a drug abuse rate of 75.9% by high school students. A study conducted in Hawassa, Ethiopia revealed that smoking and the usage of substances such as alcohol increased the risk of drug abuse (UNODC, 2011: 12). In East Ethiopia, only 22.2% of young women in school reported that their involvement in the abuse of drugs

was due to peer pressure. Another study conducted on university students in Uganda revealed that social problems contributed to the prevalence of drug abuse (WHO, 2011: 19).

Among one of its findings, a study conducted in Kenya by Maithya (2014: 2), revealed, that “drug abuse among students is common; both boys and girls have abused drugs, with the majority being in boys’ schools; the greatest ratio of drug abusers to non-abusers among the sampled schools are aged between 20 and 22 years; there is a significant relationship between drug abuse and age, use of drugs by other family members and easy access to drugs. A variety of factors contribute to drug abuse with the majority of students citing curiosity, acceptance by peers and ignorance as to the dangers of drug abuse as the main reasons. Both the school administrators and teachers face a number of challenges in an attempting to curb drug abuse in schools”. As in many parts of Africa, drug abuse by teenagers in Kenya is economically costly and developmentally counter-productive (Maithya, 2014: 3).

Ugochukwu et al. (2013: 117-118 point out poignantly that: “Nursing has many similarities across the world based on the social expectations attached to the profession ... Internationally accepted descriptions of the roles and functions of nurses, delineations which inform definitions of, as well as textbooks and curricula on nursing, are almost exclusively based on the current experience of nursing in developed countries. This is because there are no known documentations on the roles that nurses undertake within the health systems in Africa. The views and flow of information from the developed countries have therefore strongly influenced sub-Saharan Africa nursing, but the reality of health and illness, as well as health care in sub-Saharan Africa, differs profoundly from that in developed countries”.

With some variations necessitated by factors such as the nature and structure of country-specific health systems and socio-economic considerations, the role of school health nurses in Sub-Saharan Africa has some aspects similar to those of developed countries - such as the UK and the USA (Squires, 2004 cited in Ugochukwu et al., 2013: 117). In this regard, the SHN is first and foremost, a registered qualified nurse whose tasks have to be creatively utilised in an environment generally characterised by an acute healthcare human resources shortage. The lack of a comprehensive health care profession suggest that the school health nurse could in some Sub-Saharan African countries could assume multiple tasks and function as a medical doctor, psychologist, social worker as from assessment and/or diagnosis and prescription where applicable (UN, 2013). In most of the regions affected by teenage drug abuse in Sub-Saharan Africa, the responsibilities of nurses have increased in

accordance with the expanding health services in order to meet local, national and global health targets (United Nations, 2013).

2.3 THE SOUTH AFRICAN CONTEXT OF SCHOOL HEALTH NURSING AND LEARNERS' DRUG ABUSE

As a segment of nursing and healthcare practice, school health nursing – in the same mould as early childhood development (ECD) - has historically been maligned and fragmented due to the racially-based policies of the erstwhile apartheid system (Education White Paper/ EWP 5, 2001: 9; NDP, 2011: 2970). In fact, the *Strategic Plan for Nurse Education, Training and Practice: 2012/13-2016/17* refers to school health nursing as “a speciality generally underutilised for about 20 years” (DoH, 2013: 18). The introduction of the Integrated School Health Policy in 2012 by the Department of Health and the Department of Basic Education heralded a new (post-apartheid) dispensation in which school health nursing was systematised as part of an integrated healthcare system (DoH & DoBE, 2012: 6). The South African model embodies some commonalities with other international variants and models of school health nursing (Armstrong & Rispel, 2015: 1).

First and foremost, any SHN should fulfil all requirements of a registered professional nurse as prescribed in the Nursing Act (No. 33 of 2005 as amended) and in the regulatory framework and stipulations of the South African Nursing Council/ SANC. In its post-apartheid ameliorative orientation, school health nursing has become an aspect of social accountability and the shifting away of the professionalisation of the hospital-based care apprenticeship model (Armstrong & Rispel, 2015: 2). The majority of nurses undergo the four-year degree or diploma involving general, community health nursing, psychiatric nursing, and midwifery according to curriculum content approved by the SANC and endorsed by the DoH. “The South African Nursing Council (SANC) is the regulatory authority responsible for setting standards and accrediting nursing education institutions against those standards. The SANC does not require newly qualified professional (registered) nurses with 4 years of training to write a national licencing examination, but relies on the nursing education institution’s own quality assurance systems to ensure an acceptable standard of education and competencies” (Armstrong & Rispel, 2015: 2).

Another aspect of nursing and healthcare commonality relates to the community- or public-orientedness of health services commonly known as social accountability. The notion of social accountability implies that health education and training institutions are obliged to direct their research and education services towards addressing the priority health concerns as identified by their communities, governments, health professionals,

and healthcare organisations in support of universal healthcare coverage (Armstrong & Rispel, 2015: 3). Both the aspects of nurses' education and training and social accountability or public orientedness have a bearing on the roles and responsibilities of school health nursing as envisaged in the Integrated School Health Policy. For purposes of logic and coherence, the ISHP's direct association or link with school health nursing is discussed in sub-section 2.3.5 (p. 43ff). As part of revamping its health policy, the DoH has also focused on the re-engineering of school-based primary healthcare services "led by nurses" (DoH, 2013: 78). In order to interrogate the roles and responsibilities of school nurses effectively, it is correspondingly important to place such interrogation in the context of learners' drug abuse problem. In terms of the research topic, the affinity between school health nursing and drug abuse is of utmost importance, as it advances the argument relating to whether or not SHNs are relevant, or needed in schools. In fact, one of the major recommendations of the *Strategic Plan for Nurse Education, Training and Practice: 2012/13-2016/17* reflects that, for the improvement of school health services: "***It is proposed that there must be a school nurse at every school***"; however this is not feasible in the short to medium term [researcher's bold italics].

2.3.1 The Legislative and Policy Contexts of School Health Nursing and Drug Abuse

The legislation-policy continuum is imperative for effective programmatic development (Appiah-Kubi, 2015: 6). For purposes of the research topic, the legislation-policy nexus has been integrated in order to allocate a degree of linkage to both the drug abuse and the school health nursing and the objectives of the study. The legal and policy responses provided a framework according to which official and governmental instruments have become important determinants of the manner in which drug abuse is managed, as well as the role of school health nurses in the context of the malady of drug and substance abuse by learners (Pretorius, 2012: 6). Whereas a phalanx of laws and amendments do exist, only the most relevant laws are referred to for purposes of this study. 'Relevant' here refers to specific legislative measures and their policy implications as pertains to schools, learners, drug abuse, as well as the role of school health nurses. Such legislative and policy relevance is endorsed in the ISHP (DoH & DoBE, 2012: 8-9).

The applicable legislative measures mentioned below all endeavour to uphold the protection of learners' right to learn in healthy and safety surroundings, and have been pared in varying degrees of detail for purposes of logical coherence with the research topic. As emphasised in the Integrated School Health Policy, the key Acts are: The Constitution of South Africa (Act No. 108 of 1996); the South African Schools Act (Act

No. 84 of 1996); the Mental Health Care Act (Act No. 17 of 2002); the National Health Act (Act No. 63 of 2003); the Children's Act (Act No. 38 of 2005) as amended; as well as the the Nursing Act (No. 33 of 2005 as amended). The Constitution has enshrined the right of all learners (irrespective of race, age, class, or social status) to learn in an environment "that is not harmful to their health or well-being" (p. 1251) and the right of access to healthcare (p. 1255) and education (p. 1256).

In addition to advocating for the availability of adequate infrastructure in all schools, the South African Schools Act strictly stipulates that "the physical, psychological and mental development of the child is taken into account" (p. 9), and "no person may bring a dangerous object or illegal drug onto school premises or have such object or drug in his or her possession on school premises or during any school activity [*researcher's own bold italics for emphasis*]" (p. 13). It is instructive that the Act applies proactive measures by authorizing schools to conduct random drug tests and summon the police in the event of suspected usage of illegal drugs by learners. In terms of the Mental Health Act, the mental health status of learners is sacrosanct to the teaching-learning transaction, where "mental health status" means "the level of mental well-being of an individual as affected by physical, social and psychological factors and which may result in a psychiatric diagnosis" (Mental Health Care Act, No. 17, 2002: 6). Drug and substance abuse among learners is associated with mental health problems such as depression, developmental regression, apathy, withdrawal, and other psychosocial dysfunctions (Volkow, 2006: 79).

Drug abusing learners are more at risk than non-users to exposure of further mental health problems, including personality and behavioural disorders, as well as suicide. Adequately trained school health nurses are professionally suited to detect and refer such incidences before they advance to chronic levels. In terms of the National Health Act, it is mandatory for healthcare authorities to provide "minimum standards and requirements for the provision of health services in locations other than health establishments, including schools and other public places" (p. 50). For purposes of this study, it is worth noting that the Act strictly enjoins all healthcare facilities to adhere to the Department of Health's quality requirements and standards for the delivery of health services (p. 52). Additionally, the Children's Act illustrates the Department of Social Development's commitment to the institutionalisation of the culture of children's rights in protected, safer, and healthier environments – whether it is in a family or school context. Furthermore, the Act also mandates schools to report all forms of suspected child abuse, exploitation, or molestation – all of which are a violation of children's constitutionally enshrined human rights and dignity (p. 13), in the same way as drug abuse violates the rights of learners to learn in health and safe environments.

For purposes of this study, the Nursing Act (No. 33 of 2005) is of particular importance (*inter alia*) insofar as it makes provision for the minimum requirements of various nursing categories (e.g. registered, enrolled, or auxiliary) for admission to legally accredited nursing education and training institutions. Most importantly, this Act allocates some statutory functions to the South African Nursing Council (SANC, 2013: 6). These functions include the setting of norms and standards pertinent to the nursing curriculum, as well as the selection criteria for admission to various nursing education and training institutions. Jaftha (2013: 162) proposes that the SANC's new comprehensive selection criteria for new nursing students should include inter-professional contributions from tutors, doctors, psychologists, counsellors, and other relevant healthcare professionals, in order to meet the changing health needs of society. It is such a cadre of differently trained healthcare professionals that is looked upon to possess knowledge, skills, and attitudes which resonate with community-based perspectives and social accountability (SANC, 2013: 6).

According to Armstrong and Rispel (2015: 1), the following issues deserve attention for the betterment of the quality of nursing and health care education and training: "the lack of national staffing norms; sub-optimal governance by both the SANC and the Department of Health; outdated curricula that are unresponsive to population and health system needs; lack of preparedness of nurse educators; and the unsuitability of the majority of nursing students. These problems are exacerbated by a perceived lack of prioritisation of nursing, resource constraints in both the nursing education institutions and the health training facilities, and general implementation inertia".

2.3.2 The Policy Context of School Health Nursing and Drug Abuse

The afore-cited legislative instruments are initiatives which *govern* and influence policy and specific programmes and activities relating to schools, learners, drug and substance abuse, as well as school health nurses. On the other hand, the below-cited key school health programmes and activities collectively *integrate* policies aimed at the well-being of learners in the context of the role of school health nurses and drug abuse. According to the World Health Organization, (cited in DoH & DoBE, 2012: 6), a school health programme "is a combination of services ensuring the physical, mental and social well-being of learners **so as to maximize their learning capabilities** ... school health programmes can advance public health, education, social and economic development, and that the global expansion of school health programmes attests to the value placed internationally on such programmes. [*researcher's bold italics for emphasis*]".

Furthermore, an effective school health programme should encompass the following four factors: it should be based on health-related school policies; it should ensure a healthy physical, learning environment, emphasizing safe water and sanitation; it should encompass skill-based health education; and school-based health and nutrition. These four characteristics are essential for ensuring “the optimal health and development of school-going children and the communities in which they live and learn” (DoH & DoBE, 2012: 10). In the context of the current study, the key school health policies and programmes include: the Health promoting Schools Initiative (HPSI); the Youth and Adolescent Health Policy (YAHP); the Integrated Nutrition Programme (INP); the Child and Adolescent Mental Health Policy Guidelines: 2001; the National Strategic Plan on HIV, STIs and TB: 2012-2015; the National Drug Master Plan/ NDMP: 2013-2017; the New Integrated School Health Programme (ISHP): 2012;

The Health Promoting Schools Initiative was established in South Africa as a result of recommendations by the World Health Organization. The HPSI is underpinned by the principles of: improvement of the school community's health and infrastructure needs; development of schools as supportive environments for healthy attitudes, practices, and personal skills to influence others; and accessing health resources for purposes of galvanizing the broader community's collective ownership of their health needs (DoH & DoBE, 2012: 29). In respect of the study, the ISHP is of particular relevance in that the school health nurses would not be inadvertently placed in a situation where they are unsupported by both the internal and external stakeholders in the management and eradication of school drug and substance abuse (Clark, 2014: 382). On the other hand, the Youth and Adolescent Health Policy's target audience are children and youth aged 10 to 24 years, both in and out of school. Accordingly, the YAHP identified schools as the most appropriate sites for implementing a comprehensive approach to addressing the pivotal health priorities, including: the promotion of safe and supportive environments; the provision of relevant information; skills capacity building; provision of counseling services and improving health services. For purposes of this study, the YAHP is relevant insofar as it focuses largely on the youth, who are the most vulnerable group in society (Mnguni, 2014: 27).

As for the INP, it essentializes the role of nutrition “for survival, health, growth, mental and physical development, performance and productivity from childhood into adulthood. The INP's primary focus on learners' nutritional well-being and households' food security integrates health and learning as two *indivisible* aspects of the larger socio-economic milieu in which drug and substance abuse occur. Drug abuse engenders deficient bodily activities for learners, whereas nutrition enhances their

optimum performance, while easing the burden of food insecurity to households (Mthethwa, 2009: 43; (DoH & DoBE, 2012: 33).).

With regard to the Child and Adolescent Mental Health Policy Guidelines (2001), it is most informative to note that the above-mentioned policy guidelines **preceded** the Mental Health Care Act (Act No. 17 of 2002). The child and adolescent mental health policy guidelines (2001) “adopt a holistic approach in addressing various risk factors that may affect the mental health of children and adolescents” (DoH, 2012: 32). The DoH (2012: 25) ascertains that: “Mental health is a fundamental component of health ... estimates suggest that approximately 17% of youth between the ages of 6-16 years have poor mental health”. Although highly trained professionals such as psychiatrists and psychologists are suitably located to determine the mental health status of learners, school health nurses would also benefit from pertinent information and knowledge on mental health. In addition to the above-cited Mental Health Act, the National Strategic Plan on HIV, STIs and TB: 2012-2015 is referred to in this study insofar as it concerns the establishment of a link between drug abuse and HIV/AIDS. Injecting drug use (IDU) has become one of the common methods of transmitting illicit drugs to the body. According to the DSD and CDA (2013: 44), “An estimated 15,9 million people worldwide are injecting drugs, and up to 3 million of them are infected with HIV” (United Nations Office on Drugs and Crime, 2010). That South Africa has one of the highest levels of HIV and AIDS infection in the world, is a cause for serious concern; considering that IDU and needle sharing could further increase HIV/AIDS prevalence rate among the drug abusing communities.

The National Drug Master Plan is an initiative by the Department of Social Development and the Central Drug Authority/ CDA, and is of particular relevance to the study, since drug abuse is symbiotically linked to the SHN aspect of the research topic. The NDMP “allocates responsibility for drug control efforts. In essence, a drug master plan is a national strategy that guides the operational plans of all government departments and other entities involved in the reduction of demand for, supply of and harm associated with the use and abuse of, and dependence on, dependence-forming substances” (DSD & CDA, 2013: 28). Whereas learners' drug abuse is an international phenomenon, the local South African context is most distinguishable by the nature and magnitude of the scourge of drug and substance abuse; the legal and policy responses; the school health nursing environment; as well as the strategic demand for policy monitoring and evaluation of achievement (NDP, 2012: 294; DSD & CDA, 2013; Child Line, 2015:10). In terms of the NDMP, it is the responsibility of the Department of Health to provide specific preventive and curative services and interventions in

respect of drug and substance use problems. The Department of Health is also expected to mobilise and lead strategic health sector partnerships in combating the use of illicit drugs and substances.

The link between health and education is a priority of the ISHP. The emphasis on prioritization impacts positively on the successful development of learners and the expected educational outcomes. The New Integrated School Health Programme (2012) is aimed at reinforcing the range of current school health services for the benefit of all learners, and ensuring collaboration between the Departments of Health, Basic Education, and Social Development. The successful implementation of the ISHP is largely dependent on coordination, resource availability, adequate referral and learner follow-up, prioritisation of health and education, capacity building, as well as effective monitoring and evaluation (DoH, 2012: 20). The DSD, DoBE, and DoH are obliged to work together in order to coordinate the effective and efficient delivery of school health services by mobilizing national, provincial, and district role players (including healthcare NGOs, SGBs, and learners) for the communication and advocacy on school health education.

For the ISHP to achieve any meaningful degree of capacity building, schools should be involved in processes of developing and delivering the ISHP, as well as protracted re-training of PHC (primary health care) personnel in order to facilitate delivery of the school health service. Most importantly, gaps in school health programmes should be actively reported on in order to improve the school health policy. For purposes of this study, the new ISHP is a helpful reference point in that the role and involvement of school health nurse becomes more pronounced than in all of the previously mentioned policies and programmes.

2.3.3 The Nature and Magnitude of the Drug Abuse Problem

The current state of drug and substance abuse in the South African school landscape is one that is replete with emphasis on the scale and cost of the drug abuse problem both in human terms and in its economic ramifications (UNICEF, 2013: 8). In South Africa, drug abuse among children of school-going age remains an extant challenge. The Nursing Act (Act No. 33 of 2005, as amended from Act No. 50 of 1978) advocates for the involvement of school health nurses in managing drug abuse in schools. School health services are currently provided by designated school nurses who form part of the PHC (primary health care) staff component. A holistic approach is critical in the management of various risk factors pertaining to drug and substance abuse by learners. Such an approach would be helpful in the improvement of both preventive and curative services, and for school health access in general (Department of Health,

2012). Such an approach further presents an opportunity for ensuring that school health nurses are up-to-date with incidence and prevalence intervention and management of drug abusing learners in schools (DSD & CDA, 2013: 22).

Available data from various drug treatment centres also provide a provincial outlook of the scourge and extent (magnitude) of drug and substance abuse, as well as the types of drugs and substances commonly abused. For the period 2008 to 2010, data from various drug treatment centres around the country indicate that cannabis, cocaine, heroin, and 'tic' were the primary drugs and substances of abuse other than alcohol (Dada et al., 2012, cited in DSD & CDA, 2013: 43). The Western Cape, Gauteng, and KwaZulu-Natal were the three highest ranking drug abusing provinces in the country. Dada et al. (2011 cited in DSD & CDA, 2013: 40) illuminate that the proportionately high rate of heroin abuse in KwaZulu-Natal is attributable "to the use of "sugars" or nyaope (a low-quality heroin and cocaine mixture) by young Indian males in the south of Durban". In addition to the incalculable carnage to the lives of its victims and their families, the extent of drug abuse in South Africa and the devastating socio-economic effects were estimated at approximately R101 000 million in 2005 by SARS (South African Revenue Service) (DSD & CDA, 2013: 43). Internationally, the cost is about 6, 4% of GDP (gross domestic product) or about R136 380 million per year.

As in many other parts of the world, drug and substance abuse and deviant sexual behaviour among the youth are rampant and problematic issues (Clark, 2008: 993). According to the South African Youth Risk Behaviour Survey (YRBS) of 2002 "one in eight South African high school students begins drinking alcohol before the age of 13, and nearly one-quarter of students in grades 8 through 11 have engaged in binge drinking in the previous month" (Reddy et al., 2003, cited in DSD & CDA, 2013: 35). (It is to be noted that by 2002 (the year of the afore-cited youth risk behaviour survey), substance abuse had already gained momentum of high proportions). It is disconcerting that during the same period referred to above; almost 13% of learners in grades 8 to 11 were confirmed to have engaged in marijuana smoking and sexual behaviour (Reddy et al., 2003, cited in DSD & CDA, 2013: 35; Clark, 2008: 993). Five years later, the 2008 YRBS "reported that almost one in three learners (29.5%) reported ever having smoked cigarettes in their life time and one in five learners (21%) were current smokers. Nationally, one in two learners (49.6%) had drunk at least one drink of alcohol in their lifetime. With respect to age of initiation, 11.9% of learners reported having had their first drink before the age of thirteen years" (DOH, 2012: 26). The 2008 YRBS also found out that "just less than forty percent (37.5%) of learners

reported ever having had sex, with 12.6% having had their first sexual encounter before the age of 14 years. Approximately 40% of sexually active learners reported having had two or more sexual partners in their lifetime. Sixteen percent of learners used alcohol before having sex and 17.9% reported not using any method of contraception. Forty-five percent of learners used condoms for contraception, although only 30.7% used condoms consistently. Nineteen percent of learners reported having been pregnant or having made someone pregnant 55" (DOH, 2012: 26).

South Africa has not been immune from experiencing the problem of students leaving school before completing their high school education. In many other parts of the world, the dropout rate is relatively lower than in South Africa (UNESCO, 2007). In addition to the linkages cited above, the nature and extent of teenage substance abuse is compounded by the use of more than a single drug type (poly- or multiple-drug abuse) (Dada, Pludderman, Parry, Bhana, Vawda & Fourie, 2011). Poly- or multiple-drug abuse is intended to increase and enhance the user's feeling of 'high' intoxication levels. These combinations of drugs are given street or colloquial names which vary from province to province, and region to region; while also changing from time to time. According to the South African Community Epidemiology Network on Drug Use (SACENDU, cited by the Gauteng Province Department of Social Development, 2016):

Between July 1996 and June 2013, Gauteng Province had about 77% of Black African drug and alcohol patients younger than 20 years. Alcohol is still the most common primary substance among patients seen at specialist treatment centres across all sites with 37% in Gauteng Province. Cannabis or dagga was the second most common primary substance of abuse in Gauteng Province at 29%. Heroin appears to be more of a male phenomenon like other drugs such as cannabis and Mandrax. During the same period in Gauteng Province 9% of patients with heroin as the primary substances of abuse were female and 77% were of patients with heroin as the primary substances of abuse were female and 77% were Black African.

The Gauteng Province statistics on drug abuse are particularly enlightening, considering that it is the smallest and most overpopulated province due to its economic activity which surpasses all other provinces in the country. A snapshot survey conducted by the Gauteng provincial government in the Sedibeng Region in October 2010 revealed that:

- The most common drugs in the community are alcohol, cigarettes, *nyaope*, dagga, glue, heroin, cocaine and over the counter medication;
- There is an increasing HIV prevalence rate in Sebokeng and Bophelong due to the intravenous methods of injecting *nyaope* to the body of the user;

- Nearly half (about 45%) of the respondents reported that at least one member of the family was engaged in form of substance abuse or the other; and
- Communities were adversely affected by substance abuse and its contribution to social violence, anger, divorce, family breakdown, school drop-outs and domestic violence.

It is evident that any meaningful discussion of the role of school health nurses in managing drug abusing learners would be incomplete without adequate understanding and discussion of the external macrocosmic environment and 'the world of drugs and drug trafficking'. Learners themselves are products of the very societies which are themselves afflicted by a myriad of socio-economic ills, many of which are as a direct result of the scourge of drug and substance abuse (Mabasa, 2012: 25; NDP, 2012: 253). The infiltration of 'youth culture' by the proliferation of illicit drugs and substances has been compounded by unscrupulous drug dealers, traffickers, and 'lords' sophisticating their operations through the Internet, which has been infiltrated to provide ingredients for drugs; as well as recruiting drug 'mules' and distributors (Jamal, Fletcher, Harden, Wells, Thomas & Bonell, 2013: 9; Mabasa, 2012: 25-26).

2.3.4 Essentials of Effective School Drug prevention Programmes

From the research topic's point of view, the researcher argues that the Integrated School Health Policy and the National Drug Master Plan: 2013-2017 are the most seminal documents outlining the link between the level of drug abuse in schools and the nature of school health nurses' involvement in the management and eradication of this scourge in schools. The overall intention is to reconfigure "the current sub-optimal provision of school health services" (DoH & DoBE, 2012: 9) in tandem with WHO's paramount goals of resolving existing health problems, and inculcating healthier lifestyle for learners and their families. It is therefore imperative for any meaningful drug prevention programme to (*inter alia*):

- Focus on updated multiple stakeholder and inter-professional perspectives for both urban and rural schools, incorporating key strategies of the National Drug Master Plan; 2013-2017;
- Regularly conduct drug and substance abuse tests for early detection and referral capacity, while also incorporating mental health as part of comprehensive healthcare education in the formal school education (Milliken-Tull & McDonnell, 2017: 8-9);
- Adopt child-centred approaches in which "children should not be passive recipients, but must be empowered actors in their own development" (DoH & DoBE, 2012: 10). Accordingly, learners' own experiences should be integrated into the drug prevention programme;

- Enhancement of collaborative multi-skilling of school health nurses and retraining of educators on the changing environments of drug abuse and 'youth culture' (Milliken-Tull & McDonnell, 2017: 8-9); and
- The objective should be to change drug and substance abusing learners' behaviour, and not on the regurgitation of the content of the drug prevention programme.

2.3.4.1 Challenges of school drug prevention programmes

Challenges of school drug prevention programmes are necessary to deconstruct, albeit synoptically. Such deconstruction is informative, in order to explore improvements in the very school environments the sparse SHN population is expected to render their professional services. In many instances, several issues may adversely affect school drug prevention programmes. The programmatic drug prevention challenges include: lack of appropriate infrastructure; non-existent drug prevention programmes earmarked for schools; as well as sparse or overcrowded social service programmes (DoH & DoBE, 2012: 8-9; Milliken-Tull & McDonnell, 2017: 10). Additionally, quality school drug prevention programmes are constrained by "resources [time, infrastructural, financial and human], support ... There is also conflict between no-statutory and other statutory curriculum priorities" (Milliken-Tull & McDonnell, 2017: 12). Given these broad-ranging challenges, launching an effective school drug prevention programme becomes an insurmountable challenge.

2.3.5 The School Health Nursing Environment

In the context of the study, the following observation by Armstrong and Rispel (2015: 2) aptly encapsulates the school health nursing environment: "Nursing education [in South Africa] takes place in a complex environment, which includes 20 out of 23 public universities, 12 public-sector nursing colleges (with numerous satellite training campuses) that are the responsibility of the nine provincial health departments, a nursing college run by the defence force, private nursing colleges run by the three major private hospital groups in South Africa, and private nursing schools that are run for profit. This environment creates considerable fragmentation, and various layers of complexity". This observation is worthwhile, given that the education and training of school health nurses is a segment of the broader domain of professional requirements as stipulated by the SANC functioning under the aegis of the Department of Health.

The school health nursing environment focuses entirely on the actual expected role of school health nurses in the context of managing drug abuse in schools. In that regard, school health nurses fulfil **both** an educational and healthcare function (Pretorius, 2014: 12). As constructed and developed by the researcher, the school health nursing environment in the current study encompasses: responsibilities of the school health

nurse; the demand for school health nursing; as well as the need for school health nurses' empowerment.

2.3.5.1 *The Role and Responsibilities of the School Health Nurse*

The role of the school health nurse (SHN) connects the nexus between education and health (Pretorius, 2014: 12; DOH, 2012: 18). Within the ambit of their profession and training, the role and responsibilities of school health nurses entail (but are not limited to) the following:

- Inculcation of *positive attitudes* towards health, including potential risks involved in drug and substance abuse;
- Providing *referrals* and *follow-up* based on professional judgment for health services which could not be provided on-site;
- Providing quality *case management services* on the basis of professional clinical judgement;
- In conjunction with the school health team (SHT), providing *leadership* on quality health education and appropriate health interventions;
- Liaising with teachers and families of drug abusing learners, in order to actively collaborate with others to build students and family capacity for adaptation, self-management, self- advocacy, and learning; and
- Involvement in assessment of learners' physical, emotional, and psychological well-being.

For purposes of this study, the roles and responsibilities of school health nurses are encapsulated thus: "The professional nurse is primarily responsible for co-coordinating the implementation of the ISHP, conducting individual learner assessments and providing on-site services. She is also responsible for ensuring referral and follow-up of learners when required, for ensuring that information on learners is recorded and stored appropriately and that collated data are submitted to the PHC facility as outlined in the ISHP monitoring and evaluation plan" (DOH, 2012: 20).

2.3.5.2 *The Demand for School Health Nursing Services*

For most children, nearly thirteen years of their formative life from early childhood to young adulthood are spent in a formal learning environment (DOH, 2012: 6). In addition, there is an increase in the number of learners entering the formal basic education system (Mnguni, 2014: 12). The DOH (2012: 7) gives an indication of the school enrolment patterns, citing that: "Twelve million learners were enrolled in public schools in South Africa in 2010". These enrolment patterns are most likely to increase as more learners are retained for longer due to the improvement and transformation of the schooling system in the country (NDP, 2012: 294). Such an increase is

occasioned also by a variety of factors, such as population growth, as well as employment patterns of working parents and their concomitant impact on urbanisation. The scourge of drug and substance abuse is so rampant in society such that young and adult abusers are victims in varying degrees. The endemic occurrence and prevalence rate of drug and substance abuse in society has impacted severely on the normal functioning of families and schools (Mabasa, 2012: 22-23). Other factors, such as the effects of HIV and AIDS, as well as social maladies encompassing poverty, crime, disjointed family structures and support systems; have all 'coalesced' and induced an assortment of mental health (as opposed to mental illness) and psychological challenges for young learners. (Mental health status is usually determined on the basis of educational performance, whereas mental illness is premised on the level of psychological disorder/ malfunctioning (Mental Health Care Act, No. 17 of 2002: 5-6).

From the researcher's point of view, the justification for increased SHN services is logically derived from the emphasis in the DOH (2012: 6); that the (re)institutionalization of school health nurse services provide an opportunity for health education and interventions to those learners who did not access primary healthcare during their pre-school years.

Since learners spend the better part of their time at school, it is logical that they would require professional teaching (for the formal curriculum) and management and support for health services during the school day (DOH, 2012: 6). In this regard, these learners "could potentially become influential. Through them the health system would be able to reach far beyond the walls of health facilities and other health institutions. School health services have been provided in South Africa for some time, ***implementation has been variable and sub-optimal, with low coverage in some areas of the country*** [researcher's bold italics for emphasis]" (DOH, 2012: 6).

Considering the escalating prevalence rates of drug and substance abuse in (predominantly urban) schools and communities – notwithstanding the attendant effects and consequences such as teenage pregnancies and high school dropout rates – the promotion of health education necessitates that mental health be instituted as an indispensable extra-curricular factor of drug and substance abuse (Mnguni, 2014: 38). In this regard, the demand for professional school health nursing is justifiable, irrefutable, and logical in the quest for the integration of education and health as seamless aspects of effective and efficient school health programmes.

2.3.5.3 The Need for School Health Nurses' Empowerment

Given the roles and responsibilities, and the demand for their services, school health nurses need to be empowered in tandem with the growing population of the constituencies they serve (Mnguni, 2014: 12). Over time, the proportion of one SHN for every 2 000 learners may be inadequate. The training of school-based professional nurses could resolve their disproportionate distribution in schools throughout the country. Factors such as globalization, the proliferation of ICT (information and communication technologies), and the world-wide democratization of societies concomitantly necessitate that SHNs be empowered to understand and cope with the changing dynamics within which the scourge of drug and substance abuse occurs (HSRC, 2009: 23). Such empowerment is crucial in the seamless provision of comprehensive health services, particularly to those children whose physical, emotional, and psychological needs and well-being would be enhanced with the skilled use of guidelines such as the integrated management of childhood illnesses (IMCI).

The human resources implication for the empowerment of SHNs are largely premised on training, capacity building, and adequate resourcing of relevant personnel, with the Integrated School Health Policy as the principal policy directive and guide, and Life Orientation as the primary curriculum means for health promotion and education (ISHP, 2012: 11). In this regard, at school level, the School-Based Support Team (SBST) should be at the helm of directing the implementation of the ISHP, with the support of the School Health Team (SHT). The SHT itself "should be led by a professional nurse", who also oversees the delivery of individual learner assessments per year within the scope of one professional nurse for every 2,000 learners (DOH, 2012: 19). In order to enhance the health promotion and education aspect of the ISHP, the professional school health nurse "is primarily responsible for co-ordinating the implementation of the ISHP, conducting individual learner assessments and providing on-site services. She is also responsible for ensuring referral and follow-up of learners when required, for ensuring that information on learners is recorded and stored appropriately and that collated data are submitted to the PHC facility as outlined in the ISHP monitoring and evaluation plan" (DOH, 2012: 20).

In the vent of shortages in the existing 1: 2000 allocations, health promoters and PHC (primary health care) nurses and additional staff should be employed. Health promoters consist of full-time members of the SHT such as the LO teacher and PHC providers, as well as community health workers and non-governmental community-based organizations. Additional staff may be recruited from retired professional

nurses. It is inevitable that the human resources empowerment of professional school health nurses also requires adequate “ring fenced” funding in to strengthen existing district and school level budgets (DOH, 2012: 20). Most importantly, “training and re-orientation is required for all categories of staff who will be implementing the ISHP” (DOH, 2012: 21). The categories of staff to be involved in (re)training and (re)orientation include: DBE and DOH officials and managers; new school health nurses; existing school health personnel; as well as experienced staff “on how to fulfil a mentoring role to new staff that is inexperienced in delivering the school health package” (DOH, 2012: 21).

The empowerment of professional school health nursing would further benefit immensely from collaborative partnerships and multidisciplinary approaches to the fulfilment of learners’ physical, psychological and biological needs and well-being (Whiting, 2014: 987). Such an orientation encompasses both administrative and professional approaches to ensure continuity in the elimination of barriers to health promotion and education (Welsh, 2013). Administrative and managerial improvements at district and provincial levels would ensure that the funding of school health becomes a definitive and implementable proposition, rather than mere policy rhetoric (Clark, 2014: 381). In the context of learners’ drug and substance abuse, the SHNs would be greatly enriched by the involvement of other health professionals such as psychologists, psychiatrists, and social workers to complement initiatives aimed at thwarting the menace of illicit drugs and substances in society.

Civil society organizations are not exempt from ameliorative approaches and initiatives to both empower school health nursing and promote health education (Optimus Study, 2016: 26). Civil society’s role could be enhanced by initiatives such as better parenting; recreational opportunities; spiritual upliftment; as well as knowledge on rehabilitation and reintegration of those affected (DSD & CDA, 2013: 45; Mabasa, 2012: 64-66). Other strategic responses include inter-governmental initiatives such as law enforcement. For instance, the Department of Basic Education has instituted Schooling 2025 as a protracted initiative to combat illicit drugs and substances. By utilising the Financial Intelligence Centre (FIC), the National Treasury is suitably equipped “to provide any drug related and crime-related information it receives from banks and other institutions to the relevant law enforcement authorities, intelligence agencies and SARS, who in turn pass this information to the CDA as part of their reporting procedure” (DSD & CDA, 2013: 118). In order to reduce the demand of illicit drugs and substances. The Department of Health continues to educate the general public on the dangers posed by such drugs and substances. On the other hand, the

Department of Social Development “is the lead department in the action against substance abuse and provides technical and financial support to the CDA and its Secretariat. It is responsible for developing generic policy on substance abuse” (DSD & CDA, 2013: 121). These are just few of the examples to an inter-departmental approach to addressing the problem of drug and substance abuse.

In respect of the research topic, the professional school health nursing environment is considered here as the most prominent aspect of the literature review, since the professional school nurse is the most suitably qualified and trained healthcare professional at school level to provide directions in the management of learners’ drug and substance abuse apart from the teachers (Pretorius, 2012: 14). The involvement of school health nurses is strategically useful, since it frees teachers to utilise their time on quality teaching.

2.4 CONCLUSION

The literature and scholarship review provided both the background and context of the role of school health nurses in managing drug and substance abuse by learners. The background and context also entailed the conceptual and theoretical parameters on the phenomenon of drug and substance abuse by learners. The scourge of drug and substance abuse requires that multipronged approaches be applied at both the microcosmic (school) and macrocosmic (legal, political, and socio-economic) levels (Mellish, 2009). At the school level, the role of the professional school health nurse is emphasized as leader of the school-based health teams, together with the expected participation of other school and community stakeholders. At the macrocosmic level, the legislative and policy imperatives provided the appropriate frameworks and responses to the problem of drug and substance abuse, particularly in schools. The common denominators in both the microcosmic and macrocosmic domains of drug and substance abuse entail the three critical aspects of demand, supply, and harm reduction (DSD & CDA, (2013: 4).

The demand reduction strategy is aimed at reducing the public demand for illicit drugs and substances (DSD & CDA, 2013: 17). Policies and programmes in this regard are aimed at educating, treating, and rehabilitating the consumers or users of these illicit drugs and substances (NDP, 2012: 407). The harm reduction strategy on the other hand, is intended to provide a comprehensive treatment approach to the abusers and their families in order to mitigate “the social, economic, psychological and health impact of substance abuse” (DSD & CDA, 2013: 18). Lastly, the supply reduction

approach aims at the complete stoppage of the source of the production and/or manufacture of illicit drugs and substance.

CHAPTER THREE

CONCEPTUAL/ THEORETICAL FRAMEWORK

3.1 INTRODUCTION

There is a distinct relationship between the theoretical framework, the conceptual parameters, the research paradigm, as well as the philosophical assumptions underlying the particular study (UNISA, 2016: 61; Kumar, 2011: 349; Knobloch, 2010: 3-4). A detailed review of the relevant literature shapes and influences an understanding of the nexus between all the variables cited above; that is, the conceptual/ theoretical framework, as well as the research paradigm and underlying philosophical assumptions. Furthermore, both the literature review and research problem necessarily establish the rationale for any study's theoretical, conceptual, and philosophical rootedness. Kumar (2011: 349) articulates the rationale thus:

“As you start reading the literature, you will soon discover that the problem you wish to investigate has its roots in a number of theories that have been developed **from different perspectives**. The information obtained from different sources needs to be sorted under the main themes and theories, highlighting agreements and disagreements among the authors. ***This process of structuring a ‘network’ of these theories that directly or indirectly has a bearing on your research topic is called the theoretical framework*** [researcher's bold italics for emphasis]”.

3.1.1 Theoretical and Conceptual Rootedness of the Study

Polit and Beck (2012: 767) illuminate that a theoretical framework is premised on the abstract generalization that presents a systematic explanation about the relationships among phenomena. Burns and Grove (2005: 121,128) corroborate this perspective, stating: “a theoretical framework is an abstract, logical structure of meaning that guides the development of the study”. Theoretical frameworks or perspectives, therefore, provide the researcher with a context for organizing the examination of the identified research problem and the attendant data collection processes (Brink et al., 2012: 24).

According to Mouton (2008: 175), concepts are located within the cognitive measures of meaning, abstract ideas, or mental symbols defined as aspects of knowledge relevant to a phenomenon that is being studied. For purposes of this study, the key concepts refer to the critical cognitive/abstract units, ideas, or symbols which are thematically linked with the research topic (Van der Walt & Van Rensburg, 2010: 22). The key concepts are therefore, directly associated with the involvement of school health nurses in managing school health programmes as a critical aspect in the prevention of drug abuse.

Whereas the theoretical framework is construed as providing the broader philosophical dimensions, the conceptual domain emanates from the selected theory or theories, and is inextricable from the research problem (Kumar, 2011: 54). In this regard, the

key concepts referred to in Section 1.8 (pp. 5-6) of this study exemplifies the critical affinity between the research problem and underlying philosophical abstractions and assumptions as logically and thematically derived from the review of pertinent literature.

Based on the theoretical and/ or conceptual framework, researchers then adopt particular perspectives or paradigms in their conceptualization and understanding of their research problem. This is so, since research studies are largely based on specific paradigms or perspectives that establish the boundaries for scientific inquiry. Holloway and Wheeler (2010: 24) illuminate that: "a paradigm consists of theoretical ideas and technical procedures that a group of scientists adopt, and which are rooted in a particular world view with its own language and terminology". It is in this regard that a research paradigm informs a particular intellectual or scholarly paradigm or philosophical perspective adopted in conducting a particular study. A research paradigm or perspective itself is described as a means of observing phenomena by involving philosophical assumptions that inform and guide a particular approach to a study (Polit & Beck, 2012: 736). The philosophical assumptions are construed as basic principles applied without proof/ evidence or means of verification (Brink et al., 2010: 24). The basic philosophical principles or assumptions are categorized into abstract ideas or concepts on the following basis:

ontological assumptions: based on patterns of assumptions about reality;

epistemological assumptions: based on knowledge of reality;

methodological assumptions: based on particular ways of knowing about reality;

axiological assumptions: based on the comprehensive and detailed attention the researcher allocates to all aspects of the research process as a whole;

rhetorical assumptions: based on the extent of the researcher's persuasive speaking (e.g. during the empirical phase of research) or writing (e.g. during the compilation of the questionnaire or report of the study).

In this study, a hybrid approach to the relevant assumptions was employed, in terms of which relevant assumption apply individually and/ or collectively in relation to the various critical principles of the theory of drug use and abuse. Together with its key concepts or underlying philosophical principles, the selected theory of drug use and abuse has been

referred to in the broader context of /the prevention, treatment, management, and policy implications of drug abuse by learners in schools (Lee, 2011: 4).

3.2. THE THEORY OF DRUG USE AND ABUSE

The macrocosmic parameters of drug use and abuse theories encompass the biological, psychological, as well as sociological domains (Lee, 2011: 3). The biological perspectives encompass the neurological, pharmacological, and genetic theories of drug use and abuse. In this study, the theoretical framework is premised on the theory of drug use and abuse (derived from the model of victimization and substance abuse among women presented by Logan, Walker, Cole and Leukefeld (2006). Lee (2011: 2) asserts that the model of victimization and substance abuse is premised on four tenets, namely: neurological, pharmacological, genetic predisposition, psychological, and sociological theories. From the researcher's point of view, not all tenets of the theoretical frameworks or perspectives mentioned here will apply equally in this study, since the fundamental thrust of the study is to explore the role and involvement of school health nurses as an ameliorative mechanism to the problem of drug abuse in schools by learners.

3.2.1 The Neurological Perspective of Drug Use and Abuse

In the context of this study, the neurological perspective of drug use and abuse emphasizes "that the adolescent brain is more responsive to drugs and thus more vulnerable to drug abuse than the adult brain, and it drives an interest in novelty that vastly exceeds that of children and adults ... In short, the immaturity of the adolescent brain can explain their risky behaviour, weak will power, and relapse of drug addiction" (Ellis, 1990: 36). The immature cortex (pre-frontal part of the brain) of adolescents *develops slowly* and helps to explain their risky behaviour, which contradicts the ability to make sound judgments and calm unruly emotions (Ellis, 1990: 36). Consequently, "when determining risk versus reward, the immature adolescent brain tends to emphasize benefits while discounting dangers" (Reyna & Farley, 2006: 58). This cognitive disjuncture (or weak analytic ability) is elevated in the event of a drug abuser's moments of indulgence, craving, and intoxication when the orbito-frontal cortex and anterior cingulate cortex are activated. The two cortex systems only deactivate in the event that the addict or drug abuser receives treatment, a stage or process which "accounts for the addict's overvaluing his or her favoured drug and the total failure of any inhibition in seeking it out because prefrontal areas provide the overly positive appraisal of the drug and disable the neuronal arrays for inhibition of impulse" (Reyna & Farley, 2006: 58).

For purposes of relevance to this study, the neurological perspective of drug use and abuse is a point of reference insofar as the role and involvement of school health nurses is concerned. As part of effective and efficient school health programmes,

policies could be developed and implemented that centralize their role in providing clinical interventions by means of referrals.

3.2.2 The Pharmacological Perspective of Drug Use and Abuse

The pharmacological perspective of drug use and abuse emphasize on the human body's chemical reaction to drugs. In the context of this study, the adolescent drug abuser is viewed as a person whose body malfunctioning is induced by the imbalance of crucial neurotransmitters, thus "making drug use self-medicating or as a way of coping" (diminishes appropriate responses to stress, which increases stress levels, resulting in a more severe mental health problem; increased stress contributes to biological vulnerabilities and drug abuse, which then can affect physical and mental health" (For purposes of this study, the pharmacological perspective of drug use and abuse is a factor of relevance insofar as the ameliorative role and involvement of school health nurses is concerned. As in the case of the neurological perspective, effective and efficient school health programmes and policies could be developed and implemented, thus centralizing the role of school health nurses in providing clinical interventions by means of referrals. Depending on their professional training and experience, the school health nurses could also provide both neurologically and pharmacologically oriented on-site interventions prior to referrals.

3.2.3 The Genetic Predisposition Perspective of Drug Use and Abuse

Whereas the abuse of drugs is the result of a combination of (biochemical, psychological, social and environmental) factors, an individual's genetic composition is regarded as one of the key determinants of an individual's vulnerability to drug abuse (Volkow, 2006: 70). Also, the proportion of the drug abuse corresponds to the role of genetic factors (Comings, cited in Gordon & Glantz, 1996: 70; Crabbe, 2002: 435). Depending on the adolescent drug abuser's DNA, he/she may possess some hereditary features that may affect the concerned abuser. Parents with a chronic substance- or drug-abusing history may 'transfer' the problem to their offspring (Comings, cited in Gordon & Glantz, 1996: 70; Crabbe, 2002: 435. However, no one particular gene may account for addiction and abuse of drugs (www.alcoholrehab.com).

For purposes of this study, appropriately trained school health nurses could be relevant insofar as identifying learners whose drug addiction is a direct consequence of a family problem, and act as initial social workers in the referral process (Pretorius, 2012: 11). More than the teachers (whose contact teaching time has to be spent efficaciously), it is these school health nurses who are most suitably positioned to act

as intermediary interventions between the school and the teachers and the school on the one hand, as well as the identified adolescent(s) and the parent(s) on the other.

3.2.4 The Psychological Perspective of Drug Use and Abuse

The psychological perspectives of drug use and abuse are situated in the clinical and behavioural disciplines, and are categorized into either the Freudian/ psychoanalytic strain and behaviourism/ learning theories (Knobloch, 2010). These clinically- and behaviourally-induced theories help clarify drug abusing adolescents' different reactions to the same physical and social environment (Knobloch, 2010).

The Freudian or psychoanalytic perspectives of drug use and abuse argue that sub-conscious processes are mainly responsible for driving human behaviour. All forms of human behaviour are regarded as the consequence of conditioned or learned responses to certain stimuli. Such conditioned behaviour is therefore reinforced by its consequences, and could be modified by operant conditioning: positive or negative reinforcement. In this case, drugs could be used as powerful behaviour modification agents, while withdrawal symptoms provide the context for negative reinforcement. However, some adolescents manage to quit using drugs even after obtaining pleasurable experience. Weak or immature emotional control (such as an under-developed id, ego, or super-ego) (Crowley, cited in Shaffer & Burglass, 1981: 367-381).

In the context of this study, the complexity of drug use and abuse theories (especially those that are steeped on the biological and psychological perspectives) warrant that specialist nursing practitioners - such as psychologists and psychiatrists - be incorporated to an effective and efficient school health program, in order to identify and recommend appropriate remedial courses of intervention.

3.2.5 The Sociological Perspective of Drug Use and Abuse

The sociological perspectives of drug use and abuse are concerned with social structures and social behaviour. Accordingly, adolescents' drug use and abuse are viewed "as the product of social conditions and relationships that cause despair, frustration, hopelessness, and general feelings of alienation in the most socially disadvantaged" (Lee, 2011: 4-5). Furthermore, the socially disadvantaged environments have the effect of "causing the individual abandoning all attempts to reach conventional social goals), differential association (the existence of excessive deviant associations with drug abusers over non-deviant or pro-social associations), social control theory (the individual's weak bond to society), sub-cultures and cultural deviance (sub-cultures not conducive to conventional types of achievement), and symbolic interactionism (societal reaction stigmatizing drug users thus causing a

damaged self-image, deviant identity, and a host of negative social expectations), all provide plausible explanations” (Lee, 2011: 5).

Glassner and Loughlin (1987) contend that “contrary to conventional wisdom, research has found that drug use is typically a group activity of socially well-integrated youngsters ... some adolescent drug users are socially competent”. In this regard, the effects of peer pressure could not be undermined. However, the latter authors add further that some adolescent abusers may abandon the habit “when the person reaches adulthood” (Glassner & Loughlin, 1987). In their totality, the sociological theories of adolescents' drug use and abuse and their emphasis on:

sociological factors: e.g. poverty, undesirable social atmosphere, poor family relationship, and delinquent subculture;

lifestyle factors: e.g. deterioration of living environment;

contextual factors: e.g. peer relationship dynamics; and

structural barriers: e.g. the availability of drugs, unavailability and/or unwillingness in seeking help, as well as poor social support network.

The following lifestyle, contextual, sociological, trauma, and coping factors identified as major substance abuse factors among adolescents by the National Institute on Drug Abuse (NIDA) in the United States are also helpful for the South African context of school health nurses. These nurses could help schools, families, and communities in the protracted ‘war’ on drug abuse by learners in schools by early detection of:

- Families with a history of alcohol abuse and/or histories of antisocial behaviour or criminality;
- Inconsistent parental supervision, with reactions that fluctuate from permissiveness to severity;
- Parental approval or use of dangerous substances;
- Drug-abusing friends as a factor of peer pressure;
- Learners who fail during the late elementary years and show a lack of interest in school during early adolescence;
- Alienated and rebellious learners; and
- Learners exhibiting anti-social and aggressive behaviour during early adolescence.

The compilation of the above factors basically illustrates the complementary nature and the inter-relatedness of different theories (Peele, cited in Lettieri et al. 1981: 144). For that reason, a multi-perspective approach would be adopted in the recommendation for the formulation and implementation of an appropriate school

health program in order to transform schools into becoming conducive healthy physical learning environments.

3.3 CONCLUSION

The background and context also entailed the conceptual and theoretical parameters on the phenomenon of drug and substance abuse by learners. The scourge of drug and substance abuse requires that multipronged approaches be applied at both the microcosmic school and macrocosmic levels (Mellish, 2009). At the school level, the role of the professional school health nurse is emphasised as leader of the school-based health teams, together with the expected participation of other school and community stakeholders. At the macrocosmic level, the legislative and policy imperatives provided the appropriate frameworks and responses to the problem of drug and substance abuse, particularly in schools. The common denominators in both the microcosmic and macrocosmic domains of drug and substance abuse entail the three critical aspects of demand, supply, and harm reduction (DSD & CDA, 2013: 4).

The demand reduction strategy is aimed at reducing the public demand for illicit drugs and substances (DSD & CDA, 2013: 17). Policies and programmes in this regard are aimed at educating, treating, and rehabilitating the consumers of these illicit drugs and substances (NDP, 2012: 407). The harm reduction strategy on the other hand, is intended to provide a comprehensive treatment approach to the abusers and their families in order to mitigate “the social, economic, psychological and health impact of substance abuse” (DSD & CDA, 2013: 18). Lastly, the supply reduction approach aims at the complete stoppage of the source of the production and/or manufacture of illicit drugs and substances.

CHAPTER FOUR

RESEARCH DESIGN AND METHODS

4.1 INTRODUCTION

(Some aspects of the research design and methodology were briefly referred to in Chapter One (Section 1.7 to Section 1.8, pp. 12-14) of the current study. Whereas the orientation in Chapter One was more in broadly focused, the presentation in the current chapter is more specific in its orientation). Mouton (2013: 55) asserts that the terms 'research design' and 'research methodology' are "...applied differently and used interchangeably by researchers and scholars of various intellectual persuasions". Others view 'research methodology' as distinct from both 'research design' and 'research methods'. The research method is also related to the techniques used to structure a study and to gather and analyse information in a systematic manner, while the research design is related to the overall plan for addressing research questions, including specifications for enhancing the study's integrity (Polit & Beck, 2008: 765).

For purposes of this study, the term 'research method' is construed as the methods used to address the research questions, including the methods used to collect, analyse and organise the data (Polit & Beck, 2008: 328). In the latter regard, the research method encompasses both the process and the specific research tool or instruments used in the collection of data. Accordingly, the data collection and analysis tools/techniques entailed both qualitative and quantitative research approaches (Polit & Beck, 2008: 556). Both qualitative and quantitative research approaches were deemed as appropriate for this study, based on Polit and Beck's (2016: 556) affirmation that the complementarity of narrative statements and statistical/ numeric approaches reinforce each other. In this regard, both descriptive and exploratory research approaches were utilised. The latter orientation enhanced the exploration and description of the phenomenon of school health nursing in the context of drug abuse by learners in schools (Creswell, 2009: 15; Burns & Grove, 2011: 77).

4.2 DATA COLLECTION METHODS AND PROCEDURES

In this research study, the triangulated data collection methods and procedures were categorised according to both the theoretical and empirical aspects of the research topic (Saunders, Lewis & Thornhill, 2009: 361). In this regard, the review of relevant literature from diverse scholarly perspectives constituted the theoretical aspect of the collected data from academic books on the school health nurse's role in managing drug prevention programmes in schools. More sources of information were obtainable from peer-reviewed journal articles, conference proceedings, official government policy documents, as well

as published and unpublished academic theses from various higher education institutions (Babbie, 2010: 38; de Vos et al., 2011: 134). In addition to providing a background to the study and familiarizing the researcher with the broader research nuances, the literature review focused on the thematic evaluation of the quality of scholarship on the research topic (Mouton, 2013: 55). In this regard, the researcher focused on other scholars' input and contribution to the body of knowledge regarding the subject of school health nursing and learners' drug abuse in schools (Polit & Beck, 2009: 14).

4.2.1 Empirical Data Collection

Empirical evidence is concerned with the measurability of experiential knowledge obtained from the people who are most directly involved as the subject of investigation (Walliman, 2011: 34, 170). Whereas theoretically generated data obtains from inanimate sources (e.g. books), empirical data or evidence accrues from real-life human beings in their most naturalistic environment in which they share their lived experiences, perceptions, and knowledge or understanding with the researcher as investigator (Creswell, 2013: 14; Polit & Beck, 2017: 358). In this study, empirical data was generated by means of the questionnaires, focus group interviews, field notes, and participant observation.

4.2.1.1 Questionnaire Development and Administration

Whereas the literature review provided the qualitative framework of the study, the questionnaires provided the study's core and objective quantitative data collection framework (Walliman, 2011: 97). The latter author emphasizes the empirical rootedness of questionnaires, stating: "Questionnaires are commonly used *in disciplines that are concerned with people, particularly as part of society*. [Hence the sample becomes part of the study population] Research in social sciences, politics, business, healthcare etc. often needs to gain *the opinions, feelings and reactions of a large number of people*, most easily done with a survey [researcher's own bold italics and parenthesis for emphasis]" (Walliman, 2011: 98).

For purposes of this study, the actual structuring and length of the questionnaire is worth explaining. The 'Yes' and 'No' options throughout the questionnaire does not in any way deviate from addressing various issues pertaining to the research problem. Hence the option for the respondents to explain or specify the reason(s) for their response to any particular questionnaire variable. Secondly, the respondents' respective explanations for each questionnaire item/ variable were integrated into the thematically constructed mould of the study's descriptive and qualitative framework as articulated in the data analysis section in Chapter Five. The entire one-hour

questionnaire administration process with the 26 respondents (1 SHN and 25 CHWs (Community-based Healthcare Workers) was conducted in **one session** at the same venue, which was a pre-arranged classroom in one of the two selected high schools in Eldorado Park Extension 4. The following factors were considered in the development and administration of the questionnaires to the 25 community health workers and 1 (one) school health nurse (Walliman, 2011: 97-98).

- A letter of request for permission to conduct the study at the respective research sites was previously written to the relevant gatekeepers;
- An introductory paragraph was written at the top of the questionnaire, detailing its objectives and expected manner of response (e.g. ticking (for close-ended items) and providing own views for the open-ended questionnaire items;
- Participants were informed that there were no right or wrong responses;
- All ethical issues (including privacy, anonymity, and confidentiality) were considered;
- Questionnaire variables took cognizance of sensitive issues of race, gender, ethnicity, and cultural practices;
- Both close- and open-ended questions were included in order to afford participants un- restricted responses;
- The questionnaires were administered during the respondents' lunch hour at the pre-arranged classrooms on the school premises; and
- All the critical questionnaire items are thematically linked to school health nursing; as well as school health education policy in compliance with the Integrated School Health Policy developed jointly by the Department of Health and Department of Basic Education (2012).

In addition to all of the above, the researcher personally collected all the completed questionnaires for further analytic attention by the statistician (Boswell & Cannon, 2007).

4.2.1.2 Semi-structured Focus Group Interviews

The semi-structured focus group interviews (FGIs) were also part of the means by which the researcher manifested the empirical and participatory aspects of the research (Grove, Burns & Gray, 2013: 371). Focus group interviews are “a type of group interview, but one that tends to concentrate in depth on a particular theme or topic ***with an element of interaction***. The group is often made up ***of people who have particular experience or knowledge about the subject of the research, or those that have a particular interest in it*** ... [researcher's own bold italics for emphasis]” (Walliman, 2011: 100). As is the case with participant observation, focus group interviews enhanced the study's qualitative aspect and ‘conversations’ with the

selected or sampled group of interviewees in their familiar surroundings. In addition to the criteria applied in their inclusion in the study, the common denominator was that the selected participants all shared their lived experiences, perceptions, and understanding insofar as the research topic is concerned. It was for this reason that the researcher arranged to have the same homogeneous category of stake holders during the same session (i.e. educators only) (Gerrish & Lacy, 2010: 349). The semi-structured focus groups interviews were conducted with 9 (nine) educators/ teachers in order to obtain a range of in-depth and authentic information regarding the most critical aspect of the study; that is, the role of school health nursing in the prevention and management of drug abuse, deviant social behaviour, and learning problems in a school environment. Both the 'grand tour' question and supplementary questions served as the pivotal points of reference during each semi-structured focus group interview phase at each of the selected two high schools in Eldorado Park Extension 4. (see Annexure C, p. 119 for the interview guide). The grand tour question was framed in accordance with the overall intentions of the study, which was: *To explore and describe the nature and extent of school health nurses' role in the prevention of drug abuse by learners in schools*, as articulated in Section 1.3 (Research Aim/Purpose, p. 7) of this study. The supplementary questions addressed various critical aspects specific to the unbundling of the grand tour question; *ergo*, the aim and objectives of the study. The following considerations were actualized during the focus group interview process (De Vos et al., 2011: 311, 346).

- Similar to the questionnaire administration stage, both the selected interviewees (9 educators) and gatekeepers were notified prior to the commencement of the one-hour focus group interview session;
- Four (4) of the nine educators were all interviewed at the same school, and the other 5 (five) were also interviewed at their school at a pre-arranged convenient classroom conducive to the participants' privacy in a non-intimidating atmosphere;
- During the one-hour open-ended focus group interview sessions, unrestricted **oral (unwritten)** responses were expected from the responses, with the researcher introducing **probing** questions in order to lead the discussions to address as many aspects of the research topic as possible; and
- Field notes were taken by the researcher during the two focus group interview sessions in order to increase both the credibility and authenticity of the information collected. Furthermore, field notes were used to enrich audiotaped recordings of the focused group interview sessions (Gerrish & Lacy, 2010: 347).

The audiotaped recordings also enhance an accurate verbatim transcription of the generated data. As part of the field notes, non-verbal cues were noted during the focus group interview sessions. As for the probing questions, they enabled the researcher to gain more information on aspects of the questions that may have been overlooked by the researcher.

4.2.1.2.1 Monitoring the focus group interview progress

The monitoring of the focus group interviews is in essence concerned with directing/ guiding the interview process and ensuring that the objectives of the study are achieved (Walliman, 2011: 104). The researcher ensured that the main, subsidiary/ secondary, and probing questions thematically focused on the interview schedule to a point of saturation (Willig, 2008: 23). Every interviewee was encouraged to participate voluntarily and spontaneously, without allowing any single individual to dominate the proceedings. The interviewees were further encouraged to interrogate, and to agree or disagree with each other for purposes of enhancing multiple perspectives, perceptions, and experiences.

During the early stages of the focus group interview sessions, the researcher first gave the interviewees the opportunity to ask their own questions, before summarizing the interviewees' responses towards the end of the session. The summary included the researcher's own observations and field notes in the context of what she heard, and what was said as captured in the audio recorder; which also enhanced an accurate verbatim transcription of the generated data. The closing down of the focus group interviews further enabled the researcher to check whether her summary was a true reflection of the actual proceedings (Holloway & Wheeler, 2010: 176; de Vos et al., 2011: 115).

4.2.1.3 Participant Observation

As a qualitative and empirical data collection method, participant observation is also referred to as "observing without getting involved ... a method of gathering data ***through observation rather than asking questions***. The aim is to take ***a detached view of the phenomena, and be 'invisible'***, either in fact or in effect (i.e. by being ignored by people or animals) [researcher's own bold italics for emphasis]" (Walliman, 2011: 101). The observation of participants occurred during both the questionnaire administration and focus group interview sessions. The participant observations (or 'silent conversations' with interviewees) enabled the researcher to study, record and document the behaviour and interaction among the selected participants towards each other, and their reaction to the questions posed. Furthermore, "observing without getting involved" enhanced the researcher's better understanding and insightful views

of the research participants' non-verbal behaviour, since "they [participants] can sometimes demonstrate their understanding of a process ***better by their actions than by verbally explaining their knowledge*** [researcher's own bold italics for emphasis]" (Walliman, 2011: 101).

Participant observation was applied by means of the researcher's constructive observation of research participants during the actual contact and interaction sessions (questionnaire administration and focus group interview sessions) (Polit & Beck, 2004: 378). Field notes were taken by the researcher during the participant observation sessions in order to record the spontaneous, non-verbal cues, and impromptu reaction or behaviour in response to the range of questions asked. Field notes also served the purpose of increasing both the credibility and authenticity of the information collected and to corroborate the audio recorded messages (De Vos et al., 2011: 311). The field notes from the questionnaire administration and focus group interview sessions were collated into a single repertoire of field notes characterising the participant observation domain of the study.

4.3 THE STUDY SETTING/ RESEARCH SITE

The study was conducted at the two selected high schools in Eldorado Park Extension 4, a township located in Johannesburg Region G in terms of the Department of Basic Education's school demarcation system. At the time of conducting the study, Eldorado Park Extension 4 had a predominantly Coloured population of approximately 60 000 people, two high schools, and two primary schools (Gauteng Province Department of Social Development, 2016). The entire school population of 2 254 learners in Eldorado Park Extension 4 was allocated only one professionally trained school health nurse.

The researcher has been a resident in the Eldorado Park area for more than a decade, is adequately conversant with the drug abuse problem, particularly at the two selected research sites - which have also incurred the undesirable 'fate' of the counter-productive allocation of one SHN for every two thousand learners as presently prescribed by the Integrated School Health Policy (p. 20), which itself accedes that: "The number of school health nurses needs to be increased in order to deliver school health services in all areas; to greatly improve coverage and to reduce the current inequities between urban and rural area. Staff also need to be primarily designated as school health staff, which becomes their core responsibility, rather than as an add-on to other duties" (DoH & DoBE, 2012: 10). The ISHP further accedes that: "New school health nurses will require training in all aspects of the ISHP" (DoH & DoBE, 2012: 21).

According to drug use and abuse theories, the problem of drug abuse is mostly manifested in socio-economically depressed environments (Clark, 2008: 2). It was

mainly for this reason that the researcher opted for Eldorado Park Extension 4, as the problem of drug abuse by learners in schools is rife, and the area's socio-economically depressed status is reflected also by the high rates of crime and poverty - which impact adversely on all sectors of the community in general, and learners' well-being in particular (Mabasa, 2012: 24-25). The magnitude of the drug abuse in the broader Eldorado Park area is so immense to a degree in 2013, a concerned parent wrote a letter to former President Zuma requesting him to visit Eldorado Park because her child needed rescuing from his drug abuse problem, which even caused him to drop out of school. Not long after the former president's visit, the drug abuse problem resurfaced. The number of drug abuse related rape and suicide cases amongst learners in Eldorado Park Extension 4 had grown frighteningly high (Mabasa, 2012: 25).

4.3.1 Study Population and Sample Size

A study population or universe refers to the entire aggregate of cases (and not necessarily *numbers*) in which the researcher is interested (Polit & Beck, 2012: 273; Botma, Greeff, Mulaudzi & Wright, 2010: 124). A relevant study population possess similar characteristics or qualities that are clearly representative of the entire aggregated of cases to be investigated by the researcher. Concern with the dynamics of a specific study population is necessitated by the researcher's intention to understand the needs, the desired outcomes, the views, and appropriate interventions taken to address the concerns of the members of that particular group (Polit & Beck, 2012). Therefore, the goal of identifying the study population and its inherent characteristics should be the establishment and development of intervention strategies to ultimately benefit the population as a whole, and thus minimising the impact of SHN shortages in the midst of alarming drug abuse at the selected research sites.

In the current investigation, it is the researcher's emphatic assertion that the study population needs to be adequately differentiated from the actual respondents and participants who were eventually selected for involvement in the study due to their representative traits or attributes. Accordingly, the study population refers to the broader group from which the 35 study participants. That broader group itself is *heterogeneous*, consisting of mixed sub-groups, each with its own idiosyncrasies. That broader group has a diverse 'membership' of educators/teachers, school health nurses, and community-based healthcare workers and practitioners in Eldorado Park.

While the study focuses on learners at Eldorado Park Extension 4 schools (since they are the main victims of drug abuse and its associated problems), school health nurses constituted the most significant elements of the study population.

4.3.1.1 The Sample Size

A sample refers to the selected representative sub-group of a population in terms of its similar, homogeneous, or common characteristics when compared with the same attributes, features, or qualities of the larger group or study population from which it (sample) was selected (Williman, 2011: 94). No sample could be exactly or accurately representative of its own population or universe, sampling frames are relied on to provide the approximate parameters from which to choose a nearly representative number of participants (Walliman, 2011: 95). The sampling frame of this study consisted of the school health practitioners, but *only* those of particular interest to the researcher were those who eventually constituted the sample size in accordance with the criteria specified in sub-section 4.3.2.1 (p. 65) of the current study.

The sample size itself refers to the actual number of selected participants in the study (de Vos et al., 2011: 68). Therefore, the sample size further allocates a numerical presence of the representative participants or objects in the study. Eventually, the total sample size of this study (35) was constituted by 1 (one) school health nurse, 25 community health workers, and 9 (nine) educators. Some of the educators were also members of their respective school governing bodies (SGBs) and senior management team (SMT) members in their schools. The most notable 'absentees' were the learners. It should be noted that the researcher made use of every available avenue to secure their involvement. There was overwhelming support for their non-involvement from the community. The most dominant reason cited was that the subject matter (drug abuse was a "sensitive" matter and should be left for the attention of law enforcement authorities). As a result of this reason alone, the researcher desisted from seeking learners' involvement from the two schools, as this could lead to further reprisals in the community. The non-inclusion (as opposed to 'exclusion') of the learners did not pose any potential sampling error, both the focus group interview questions and structured questionnaires entailed questions which enabled the researcher to understand the other stakeholders' perspectives of learners' perspectives.

It should also be clarified that the 9 (nine) educators participated only in the two focus group sessions. The 25 community-based healthcare workers were included in the same category of respondents as the only available school health nurse allocated for the two research sites. For convenience, this group of 26 respondents were referred

to as a category of community health workers or practitioners, and their inclusion is then justified. The ISHP itself makes the following observations to highlight the extent to which school health nursing responsibilities are **not** solely vested with only the professionally trained

and registered nurse (DoH & DoBE, 2012: 20):

The School Health Team should be led **by a professional nurse**. The recommended norm for delivering of individual learner assessments is one professional nurse for every 2,000 learners to be assessed per year. The health education and promotion components of the ISHP ***should ideally be delivered by health promoters - these may be full-time members of the School Health Team or may be based at facilities or part of PHC outreach teams. Health education and promotion activities may also be provided by***

by other cadres (such as Community Health Workers) and by non-government or community-based organisations [researcher's bold italics for emphasis] (DoH & DoBE, 2012: 20):

4.3.1.2 Sampling Strategy/ Method

According to Neuman (2011), sampling methods or techniques are determined according to either *probability* or *non-probability* categories. Probability sampling is premised on the notion that the probability of selection of each participant *is known*. Conversely, non-probability sampling posits that the probability of selecting a particular participant is *unknown*. The probability sampling techniques include simple random, systematic sampling, stratified sampling, and cluster sampling; while the non-probability sampling techniques are categorised as: convenience sampling, quota sampling and judgment or purposive sampling. Probability sampling is most advantageous in that the sampling error can be calculated (Walliman, 2011). The error calculation is based on the degree to which a sample's attributes may be *dissimilar (heterogeneous)* or *similar (homogenous)* to those of the other texts. In the case of non-probability sampling, the degree to which the sample differs from the rest of the textual information remains unknown (Neuman, 2011)

In this study, non-probability simple random sampling was opted for, due to the researcher's familiarity with the research milieu, especially as it applies to the research site - Eldorado Park and its environs (Neuman, 2011). The researcher is a nurse educator at a renowned academic healthcare facility not very far from Eldorado Park, where she has lived for many years. As a community member, the researcher is familiar with the entire spectrum of the learners' drug abuse problem in the area. It is against this background that the researcher could purposively make judgement in terms of the suitability of the research participants and appropriateness of the sampling method. Since the researcher is adequately familiar with the drug abuse

situation in the Eldorado Park area, she opted for the non-probability simple random sampling technique instead of the purposive sampling method. The random sampling method is advantageous “for selecting representative samples from populations of different [heterogeneous] characteristics” (Walliman, 2011: 96).

4.3.2 Sampling Criteria

The sampling criteria relate to the standard or frame of reference according to which individuals or objects are selected for their direct participation in the empirical phase of the study on the basis of their representative qualities or traits determined by the researcher in order to achieve the study’s intentions and purpose (Brink et al., 2012: 65). The criteria set by the researcher (prior to the actual selection of participants) determines whether or not any member of the study population could be included or excluded from any form of participation in the study’s experiential aspect (Kumar, 2011: 176; De Vos et al., 2011: 223).

4.3.2.1 Inclusion/ Eligibility Criteria

The inclusion or eligibility criteria is based on the researcher’s placement or involvement of selected participants in the study by virtue of their homogeneous (similar) representative qualities or traits in relation to the study population (Polit & Beck, 2012: 306). In this study, those research participants considered for inclusion in the study possessed the following characteristics as distinguishable from the sample frame:

- A registered professional nurse in full-time employment of the DoH, possessing post-basic training and experience in school health nursing (and its psychological or psychiatric) aspects;
- A registered professional nurse in full-time employment of the DoH, allocated to Region D schools and clinics in Eldorado Park Extension 4 and its immediate environs;
- Community-based healthcare workers residing and providing their services in the Eldorado Park area;
- Educators from the selected two high schools most affected by the drug abuse problem (the schools’ names have been withheld for ethical purposes);

For purposes of clarity, it needs to be mentioned that the SGB, principal, and parent component was **not absent** from the range of stakeholders selected for inclusion in the study. For instance, some of the educators (who are themselves parents as well) are also staff representatives of their respective school governing bodies, and are also in the senior management teams of their respective schools. Some of the educators are also LO (Life Orientation) teachers and form part of the school health team. *lps*

facto, the educator component alone encompasses a range of critical stakeholder representativity. The community healthcare workers are themselves parents as well, and have been involved in community-based drug eradication initiatives. Most importantly (as cited variously in sub-section 4.3.1 and sub-section 4.3.1.1 (pp. 63-65) in this study), the official policy (encapsulated in the ISHP) recognises the involvement of **both** the NGO (non-governmental organisation) and CBO (community-based organisation) sectors, stating:

[In addition to] using existing mobile services, both PHC mobiles and specialized mobiles ... [healthcare] services may be provided by DOH employees or by other providers on a regular or intermittent basis (e.g. services provided by NGOs or by professional societies on a voluntary basis). (DoH & DoBE, 2012: 16).

Implementation of the ISHP at school level is the responsibility of the School-Based Support Team (SBST) under the guidance of the school principal. This team should include the life skills/orientation teacher, members of the School Health Team (including health promoters), representatives from the school governing body, **representatives of relevant NGOs or CBOs**, peer educators and learners. The Life Skills/Orientation Teacher or designated member of staff will coordinate all the ISHP activities within the school. (DoH & DoBE, 2012: 19:

The health education and promotion components of the ISHP should ideally be delivered by health promoters - these may be full-time members of the School Health Team or may be based at facilities or part of PHC outreach teams. Health education and promotion activities may also be provided by other cadres (such as Community Health Workers) and by non-government or community-based organisations. p. 20:

The researcher has already mentioned in sub-section 4.3.1.1 (p. 64) of this study that learners were inadvertently not involved (as opposed to “excluded”) due to the dominant view in the community that drug abuse in the area was a “sensitive” subject and should be left to law enforcement authorities. Consequently, learners felt uneasy and were unwilling to be selected for participation in the study.

4.3.2.2 Exclusion/ Ineligibility Criteria

The exclusion or ineligibility criteria relate to a set of considerations on whose basis possible research participants and/ or respondents would not be considered as ‘suitable’ for involvement in the study (Brink et al., 2012: 131; De Vos et al., 2011: 223). Walliman (2011: 95) mentions that: “Non-representative samples cannot be used to make accurate generalizations about the population”. Therefore, exclusion or ineligibility establishes heterogeneity (degree of dissimilarity) of qualities, traits, or characteristics (in comparison with the broader study population) as a framework and basis for non-involvement in the study. Accordingly, the following factors summarily excluded any possible participation in the study’s empirical data collection phase:

- Any educator who is not from any of the two schools selected as research sites in this study;

- Any educator at the two selected high schools who is not an LO teacher, SGB member, or in the SMT;
- Any professionally trained and qualified school health nurse who is not allocated any of official duties in any of the Johannesburg Region G schools;
- Any registered professional nurse (active or retired) who (by training or experience) is not familiar with the fundamental tenets of school health nursing;
- Any NGO or CBO member(s) or representative(s) who is/are not from the Eldorado Park area; and
- Any NGO or CBO member(s) or representative(s) whose core service(s) is/ are not related to primary healthcare in general, and school-based healthcare and education in general.

4.4 DATA MANAGEMENT AND ANALYSIS

Data management is concerned with the systematic treatment of data after it has been obtained from its sources (Polit & Beck, 2016: 531). Such treatment is intended to allocate a quality assurance mechanism to the qualitatively and/ or quantitatively obtained data, and to ensure that such data is not contaminated but remains in its raw state throughout the data analysis stages.

For the qualitative data obtained through the semi-structured focus group interviews, the selected research participants' responses were secured by means of the audio recorder, which served as an authentication mechanism for the verbatim capturing of the researcher's conversations with the interviewees. The entire proceedings of the focus group interview sessions were captured without any meddling (digital or otherwise) on the part of the researcher. All ethical protocols undertaken prior to, and during the focus group interview sessions ensured that the participants' anonymity, privacy, and confidentiality were respected. After the focus group interviews, the researcher was the only person who was privy to the record of these interviews.

For the quantitatively obtained data of the questionnaires, the researcher ensured that she personally collected these questionnaires from the respondents. Similar to the semi-structured focus group interviews, no persons were privy to any unauthorised access to information contained in the questionnaires. Finally, the researcher subjected the editor of the manuscript to an agreement-in-principle, that no aspect of this entire research report was to be divulged to anyone, including persons involved directly or indirectly with the study.

4.4.1 Data Analysis

The primary goal of data analysis is to organize, to structure, and to allocate meaning to the data that has been collected (Polit & Beck, 2010: 463). The usefulness of data analysis is influenced by the extent of effectiveness to which the research process and “The worth of all scientific findings depends heavily *on the manner in which the data was collected and analyzed* [researcher’s own bold italics]” (Babbie & Mouton, 2001: 563). It is on the basis of the research instrument’s efficacy that the reliability and validity of the study could be determined. Data analysis, therefore, provides a context for the standardization of monitoring, evaluation, and quality assurance to the accumulated or collected data in the study.

In this study, the interview-based data was both thematically and descriptively analysed according to recurrent individual themes accruing from the verbatim statements of the participants and the researcher’s own field notes (Bryman 2014: 336; 339). The redundant information was not considered in instances where the nature of the response did not address any significant aspect of the questions posed.

Statistical analysis was relied on for the meaningful interpretation of the responses and statements accruing from the questionnaires. The mixed-methods approach of the study implied that the combination of qualitative and quantitative data collection occurred concurrently, with the thematic coding (classification or categorization) of the data taking place at the same time as the description and interpretation of the self-same data. Inferential statistics were helpful insofar as the association and frequencies of variables was concerned. Such an orientation enhanced the exploration and description of the phenomenon of drug abuse by learners in schools, as well as the regularity or frequency according to which the phenomenon has manifested itself (Creswell, 2009: 15; Burns & Grove, 2011: 77).

4.4.2 Measures of Trustworthiness

Measures of trustworthiness are quality assurance mechanisms or strategies for the overall management and integration of both the data analysis processes and scientific rigour of the study (Holloway & Wheeler, 2010: 303). According to Kumar (2011: 172) “trustworthiness in a qualitative study is determined by four indicators – credibility, transferability, dependability and confirmability – and it is these four indicators that reflect validity and reliability in qualitative research”. On the other hand, the quantitative variants of ensuring trustworthiness are: validity, reliability, and objectivity.

4.4.2.1 Credibility/ Internal Validity

Credibility/ Internal validity refers to “the degree to which an instrument measures what it supposes to be measuring” (Polit & Hungler 2010: 246). The credibility or internal

validity of a study also establishes the degree of agreeability between the research instrument and the study's findings/ results. Such agreeability establishes confidence in the findings themselves.

In this study, internal validity was established by the consistent adherence to the same thematically connected variables being measured by the same research questionnaire. The questionnaire items were primarily concerned with determining whether or not reasonable proportionality exists between school health nurses' numerical availability and the magnitude of drug abuse. Additionally, prolonged engagement, peer debriefing, and member checking were utilised in order to establish the credibility of the study.

4.4.2.1.1 Prolonged engagement

Prolonged engagement was established by spending sufficient engagement time with the research participants in order to fully understand their perspectives and experiences in respect of the role of the school health nurse and school health programmes in the prevention and management of the scourge of drug abuse in schools by learners (Polit & Beck, 2012: 739).

4.4.2.1.2 Peer debriefing

Peer debriefing was applied by means of the researcher's engagement with experts on drug and substance abuse, as well as research methodology professionals in order to check for any gaps or shortcomings that may have been overlooked by the researcher throughout the study's development and eventual execution (Strydom, 2005: 67).

4.4.2.1.3 Member checking

Polit and Beck (2012: 733) assert that member checking is the most important method for validating the credibility of a qualitative study. Member checking will be employed to provide feedback to all the relevant stakeholders after the preliminary research report has been drafted. Member checking will ensure that the study's findings truthfully and objectively reflect the participants' reality and life-experiences, and not the researcher's preconceived ideas.

4.4.2.2 Dependability/ Reliability

Dependability/ Reliability refers to the degree to which the research instrument has achieved clarity, stability, consistency (Polit & Hungler, 2010: 242). In this study, reliability was maintained by means of the audit trail, reflexivity, and bracketing.

4.4.2.2.1 Audit trail

Documentary evidence was kept of all the stages of the entire research process, in order that readers and other researchers undertaking similar studies may be able to trace all steps and decision processes of the current study (Brink et al., 2012: 181).

4.4.2.2.2 Reflexivity

Throughout the entire study, the researcher precluded (self-monitored) her personal feelings, preconceived ideas, values, and experiences from the research process and during her engagement with the participants/respondents (Brink et al., 2012: 181). The self-monitoring process further enabled the researcher to completely exclude (bracket) any previous assumptions she may have held on any aspect of the study, particularly on the research participants themselves.

4.4.2.3 Transferability/ External Validity

Transferability/ External Validity refers to the extent to which the findings of the current study could be applied to other studies under similar conditions as those that existed in the original study (Brink et al., 2012: 181). The researcher provided an exhaustive account of the research milieu and its dynamics, in order to enable the reader and other interested parties or researchers to determine whether or not the results accurately represent the objective reality as presented by the research participants and respondents.

4.4.2.4 Confirmability/ Objectivity

Confirmability/ objectivity premises on the extent of independent confirmation, corroboration, or verification of the study's results or findings as a true account/ reflection of the collected data (Kumar, 2011: 172). The researcher ensured the study's confirmability by exercising maximum objectivity and neutrality throughout the study. The researcher did not at any stage prejudice the research participants by imposing her own worldview as that of the research participants (Holloway & Wheeler, 2010: 303). Both during the literature review and empirical phases, the researcher engaged with practitioners and experts in the fields of school health, as well as drug abuse by learners in particular.

4.5 CONCLUSION

The main purpose of this chapter was to present and discuss the approaches and processes by means of which the evidence of the study was generated. In this regard, the chapter provided the initial practical aspects to test (prove or disprove) the theoretical premises of the role of school health nurses in the prevention and management of drug abuse in schools.

It is worth mentioning that the focus of the study is largely on the role of school health nursing in the context of drug abusing learners. However, issues surrounding the sensitivity of involving drug abusing learners - rather than any form of reluctance on the part of those learners - made it difficult for their inclusion in the study. A school health nurse, educators and other suitably trained healthcare practitioners were involved as respondents (for questionnaires) and participants (for focus group interviews) in the study. The latter situation did not in any way compromise the integrity of the data or engender any sampling error, since the researcher's simple non-probability sampling ensured that these respondents and interviewees were afforded the same chance of involvement in the study, despite that such involvement could not be known or predicted prior to the study's undertaking. The following chapter (Chapter Five) presents the actual analysed evidence itself in the form of visuals such as graphs and tables.

CHAPTER FIVE

DATA PRESENTATION AND ANALYSIS/ INTERPRETATION

5.1 INTRODUCTION

The previous chapter (Chapter 4) essentially presented a discussion on the various research approaches, as well as the nature and types of research instrumentation utilised in the study. The current chapter provides in more detail a presentation, description, and analysis/ interpretation of the collected quantitative (statistical) and qualitative (non-numerical) raw data in order to allocate intelligible meaning and understanding (Creswell, 2014: 15). It is on the basis of the evidence from both the interpreted and analysed quantitative and qualitative information that the extent of achieving the study's objectives could be assessed or determined (Babbie, 2010: 74).

The present chapter is demarcated into two main categories in accordance with the research instrumentation used for the data collection. Firstly, the quantitative section is mainly a graphically presented reflection of the elicited questionnaire-based responses of the 26 respondents (1 (one) school health nurse and the 25 community-based healthcare workers). The qualitative section on the other hand, focuses largely on the elicited interview-based conversations with the 9 (nine) selected educators.

Three main features characterise the presentation of data in this chapter. Firstly, the collected data (evidence) is **displayed** visually in graphs, figures, and tables in order to provide a clearly designed pictorial perspective of the data as the basis for its translation (analysis and interpretation) into intelligible and meaningful reading (Gibbs, 2007: 36; Walliman, 2011: 25). Secondly, following the thematic analysis of the collected data, the self-same data was **reduced** by means of a classification (coding or categorisation) process through which redundant, superfluous, and/ or repetitive information and data were eliminated (Hollow & Wheeler, 2010: 145). Thirdly, the **interpretation** process ensured that the visually presented data and information were transformed into practical meaningfulness and understanding to test the compatibility of the evidence with the methodological expectations of the study as accruing from both the qualitative and quantitative processes that were utilised to obtain the self-same data (Creswell, 2013: 14). The quantitative and qualitative research instruments (questionnaire and focus group interviews respectively) functioned complementarily in terms of the questions posed, the expected nature of responses, as well as the length of each research instrument in spite of (and not due to) the characterisation of *who* the respondents and participants were.

5.2 QUANTITATIVE DATA ANALYSIS AND INTERPRETATION

As mentioned earlier, this quantitative section is mainly a graphically presented reflection of the elicited questionnaire-based responses of the 26 respondents (1 school health nurse and 25 community health workers). In addition to the display, reduction, and interpretation of the quantitatively obtained, statistically derived numerical values were allocated to the interpreted statements (Walliman, 2011: 72). In this regard, statistical analysis was utilised to make inferences between and among thematically connected or linked variables. In his articulation of the ontological value of statistical analysis, Singh (2006: 214) ascertains that: "Quantification is the process of assigning numeral value to the extent or amount of a variable of an individual. The quantification is done by employing the process of measurement. This process yields data and scores".

Data scores accruing from the statistical inferences guided the definitive formulation of evidence and recommendations on the basis of the majority of responses per each questionnaire variable (Kumar, 2012: 72; Walliman, 2011: 97). For this reason, the minority percentage distributions were not relied on as providing a definitive or conclusive basis on any questionnaire variable. Since both the quantitative and qualitative research instruments used in this study entail an *empirical (human/experiential)* component, both the individual and the collective particularities (demographics) of the research participants were also collated into the analytic mould of the data presentation and analysis.

5.2.1 Demographic Information of the Respondents

The biographic information of the participants is not necessarily a violation or intrusion of their personal or human rights and identities (e.g. privacy, anonymity, and confidentiality). On the contrary, such information also reflects an aspect of the study's inclusion or selection criteria on whose basis relevant information could be qualitatively or quantitatively inferred (Gibs, 2007: 86). On the other hand, Kumar (2012: 133) highlights the importance of respondents' demographic information, and mentions the inevitable association between such information and the quality of the study's results (findings) thus:

In selecting a method of data collection, the socioeconomic–demographic characteristics of the study population play an important role: you should know as much as possible about characteristics such as educational level, age structure, socioeconomic status and ethnic background. If possible, it is helpful to know the study population's interest in, and attitude towards, participation in the study. Some populations, for a number of reasons, may not feel either at ease with a particular method of data collection (such as being interviewed) or comfortable with expressing opinions in a questionnaire. Furthermore, people with little education may respond

differently to certain methods of data collection compared with people with more education.

In the context of the present study, the 26 respondents' (1 school health nurse and 25 community health care workers) the more pertinent demographic information of interest to the researcher was their age, their gender, their educational background, as well as their work experience. The latter part of the quantitative data analysis (the entire sub-section 5.2.3) pertains to the 26 respondents' knowledge and understanding of both the research problem and its milieu; that is, their perceptions, experiences, and understanding of the extent of the drug abuse problem by learners in the Eldorado Park Extension 4 schools.

5.2.1.1 Age Distribution of the Respondents

From the researcher's point of view, the age factor of the respondents was considered important as a correlated factor of experience and knowledge these participants were likely to have in the context of learners' drug abuse in schools. For example, Townsend (2012: 14) cite findings of other studies in which a relationship was found to exist between age and turnover. Younger healthcare workers were more likely to leave nursing for greener pastures elsewhere "than their older counterparts" (Hayes, Duffield, Shamian, Buchan, Hughes, Spence-Laschinger & Nicola, 2011: 889). The latter authors intimate further that younger healthcare workers were more prone to consider their field as an unattractive career based on the emotional, physical, and psychological strain they experience. Inversely, older healthcare workers were more likely to stay longer on their jobs, despite their resistance to new ideas and change. For purposes of this study, Figure 5.1 below represents the age distribution of the research participants.

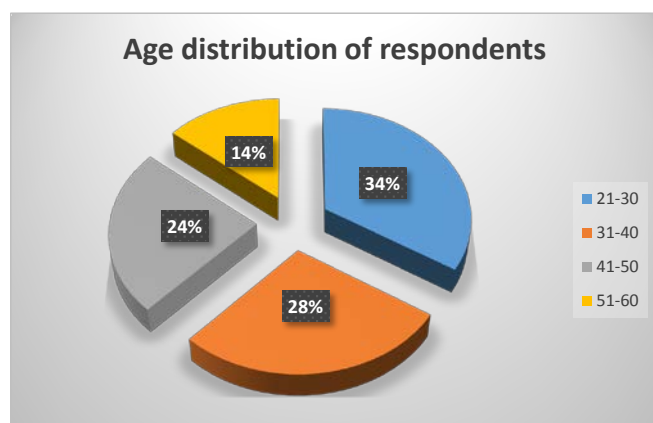


Figure 5.1: Age distribution of the respondents

From the four age groups represented in Figure 5.1 above, it could be extrapolated that the majority (34%, n=9) were in the 21-30 years age category. Only 14% (n=4) were in the oldest age group of 51-60 years. Inferentially, the younger age group were collectively in the majority by 62% (34% (n=9) + 28% (n=7), a total of 16 of the 26 participants. Furthermore, Figure 5.1 above indicates that the older age cohorts (41-50 and 51-60) were collectively in the minority, with a total 38% (24% (n=6) + 14% (n=4). Accordingly, the eradication of the drug abuse scourge is vested on a younger generation. Advantageously, the latter may be more enabled by their energetic determination and understanding of the 'youth culture'. Conversely, this age group may also be overwhelmed by the pressures generally faced by healthcare workers (Townsend, 2012).

5.2.1.2 Gender Distribution of the Respondents

Healthcare work in general, and nursing in particular, is considered to be a predominantly feminine occupation due to its *caring* nature and the historical development leading to its fully-fledged professionalisation (Shallal, 2011: 115). It is for this reason that gender was included here as a demographic variable in order to 'test' the applicability and continuity of this view in the context of learners' drug abuse problem in the Eldorado Park area. Table 5.1 below represents the gender distribution of the respondents.

Table 5.1: Gender distribution of the research participants

Gender	Number	Percentage	Total
Male	4	15%	4 (15%)
Female	22	85%	22 (85%)
Total	26	100%	26 (100%)

Table 5.1 above reflects that the majority of the research participants (85%, n=22) were female. The inference is that males were still continuing to be few in the nursing and healthcare profession, lending credence to its feministic character.

5.2.1.3 Educational Background of the Respondents

The National Development/ NDP (2011: 331) advocates for the professionalisation of nursing and healthcare as a mechanism to contribute towards the provision of "innovative and creative nursing and general health care in order to reduce the current global health care challenges – such as the ageing nursing population; poverty; inadequate financial and human resources; HIV/AIDS; as well as a plethora of other communicable and non-communicable diseases". The inclusion of respondents' educational backgrounds as a demographic variable was intended to establish

whether or not some correlation existed between the respondents' age, and number of years in the healthcare working years environment.

Tanner (2012: 244) highlights the critical affinity between nursing education and training systems and the quality of healthcare services. Notwithstanding that drug abuse solutions require multi-pronged strategies, it is the quality of knowledge and formal learning that would enhance the capacity of healthcare workers and professionals, practitioners, and service providers (such as NGOs) to innovatively engage the drug abuse scourge. By implication, Tanner's assertion is applicable even here, with the caveat that Figure 5.2 below is more a reflection of the community healthcare workers than the SHNs.

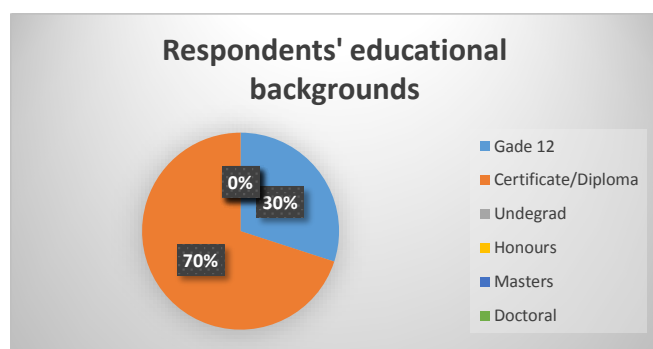


Figure 5.2: Respondents' educational backgrounds

From Figure 5.2 above, it is evident that the respondents' educational backgrounds ranged between grade 12 and diploma level qualifications. None had higher education qualifications (from the bachelor to the doctoral level). The SHN is more experienced to manage drug related counselling and prevention of drug abuse cases from a ward-based or clinical perspective, compared to the community healthcare worker who has to approach school health mainly from a primary healthcare perspective. matters

5.2.1.4 Healthcare Related Experience of the Respondents

Work experience is a valuable and indispensable asset to both the organisation (employer), employee, healthcare consumers, and the profession or field in which healthcare services are rendered (George, 2011: 583). Work or professional experience is also beneficial for tasks such as strategic decision-making, which is also useful for developing the organisation and other stakeholders (Mateo & Kirchhoff, 2009: 133). Figure 5.3 below represents the various professional or work-related experience levels of the respondents.

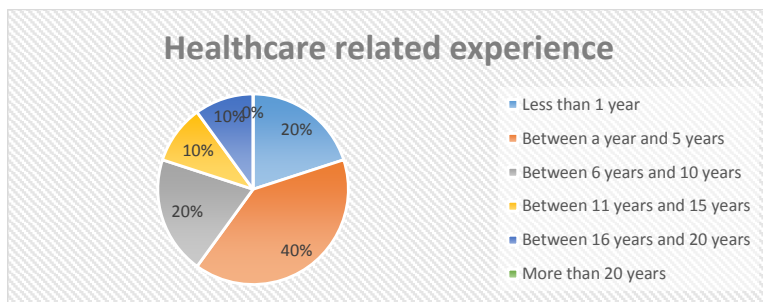


Figure 5.3: Respondents' healthcare related experience

From Figure 5.3 above, it is evident that none (0%) of the participants has been a healthcare worker or practitioner for less than a year. The fact that 40% (n=10) of the respondents have professional (work-related) experience of more than twenty years, augurs well for the sustainability of drug abuse programmes in the Eldorado Park area. Despite the magnitude of the problem, the majority (who are the youthful age category in

terms of the findings in Figure 5.1 (p. 75) the sustainability of drug abuse interventions bodes well for the eventual eradication of the scourge in conjunction with other macrocosmic interventions at the national level.

5.2.2 Discussion of the Participants' Bibliographic Information

Townsend (2012: 14) and Hayes et al. (2011: 889) intimate that the association between the ages of healthcare workers and attrition or turnover has human resources implications. The pressures and demands of the profession have the potential to adversely affect the retention of the younger generation of healthcare workers than their older and more experienced counterparts. In the context of the study, the magnitude of the problem being investigated may require that more incentives to younger healthcare workers be employed in order to reduce the current disequilibrium of one professional school health nurse for every two thousand learners. Figure 5.1 (p. 75) of the study already illustrates that the majority of healthcare workers (n=9, 34%) were not older than 30 years of age.

Although the study was mainly focused on the Eldorado Park Extension 4 area, the gender distribution of the participants allocates some veracity of its generalisability. The predominance of female participants (n=22, 85%) who are healthcare workers and practitioners in various categories, reinforces the perspective that healthcare and nursing were still female-dominated professions, careers or occupations. Given the preponderance of inter- and multi-disciplinary fields in nursing and healthcare, it appears that only dominant patriarchal traditions, socialised stereotyping and

tendencies in other societies, account for challenges experienced by males in their gradual ascendancy to the higher realms and echelons of the 'caring' professions.

The perceptions, knowledge and experiences of healthcare workers and professionals are irreplaceable (Van Dyk, Tlou & van Dyk, 2017: 15). In addition to other physical, emotional and psychological pressures, the pandemic scale of drug abuse and diseases such as HIV/AIDS augment to the difficult working conditions of healthcare workers. While the younger generation of healthcare workers were prone to change their jobs for better salaries, those who have worked for longer periods were more likely to persevere in order to retain their retirement status (Welding, 2011: 37). Against such a background, the majority of the questionnaire respondents (n=10, 40%) have been 'in the field' for more than twenty years, which is a positive indicator for the preservation of the SHN tradition and sustainability of the drug prevention initiatives.

The respondents' various educational backgrounds focused on the actual formal learning qualifications they acquired in relation to the number of working years in healthcare provision, than on the professional category or the occupational specialisation, level, or status advanced on the basis of professional qualification (Tanner, 2012: 44). In the context of this study, it was the researcher's informally established observation that the school health nurse was more professionally educated and trained than most - if not all - the community-based healthcare workers, whose knowledge and skills levels may have been attained mainly as an interface to facilitate community healthcare. On the other hand, SHNs are full-time employees of the Department of Health and are assigned to schools based on their in-depth training and knowledge of school health education (DoE & DoBE, 2012: 19-20).

The quality of healthcare provision depends on the quality of the health education and training system in a particular context and environment (Bennet & Wakeford, 2012: 3). The categorisation of nursing as a healthcare service made available by a range of service providers (AAP, 2016; Armstrong & Rispel, 2015; Ugochukwu, 2013) is an attempt in this study to determine the extent to which drug abuse intervention programmes could be stunted by the shortage of highly knowledgeable and skilled personnel even at the school management level. For instance: *Does the absence of a dedicated school-based psychologist have any bearing on the counselling and referral system for cases involving drug abuse and the sexual violation of learners? To what extent does the infrequent availability of the professionally trained and registered school health nurse affect the quality and efficacy of school health education and services? To what extent do community-based social work services (as well as*

policing and criminal justice services) actively interface with school-based problems such as drug and substance abuse, sexual offences, gangsterism, and so on? These

5.2.3 School Health and Drug Abuse Information

The previous sub-sections (5.2.1 and 5.2.2) largely focused on those personal/ private demographic characteristics of the respondents which could have a homogenous effect on the core unit of analysis; that is, the healthcare-oriented capacity to address the drug abuse scourge in the Eldorado Park Extension 4 area and its immediate surroundings. The current sub-section (5.2.3) then focuses specifically on the capacity itself - the quality and efficiency (or lack thereof) of the people at the forefront in terms of the expected enabling factors such as knowledge and skills base, the human resources dynamics, and the broad stakeholder domain.

The school health nursing and drug information obtained in this sub-section reflects the respondents' own reflection, understanding, experiences, knowledge, and perceptions. It is also worth mentioning that the selection and inclusion of the respondents in accordance with their homogeneously representative characteristics and the researcher's own pre-determined inclusion criteria, did not deflect the heterogeneous composition of these sampled participants in terms of some demographic areas of dissimilarities reflected on already. Suffice to mention a few examples. The respondents were neither all male nor all female, they were also not of the same age group. In addition, they were also not from the same educational background, nor possessed the same levels of work experience. In this regard, the sampled participants could be viewed as a homogeneously heterogeneous group. For instance, **individually**, each sampled stakeholder category (1 school health nurse and 25 community-based healthcare workers) possesses its **own** idiosyncratic features in respect of the researcher's desired inclusion criteria. Therefore, collectively, both groups or categories (despite their training and qualifications **differences**) are still commonly bound together by the fact that they are **jointly** responsible for rendering primary healthcare services to the school community.

5.2.3.1 The Capacity to Address Learners' Drug/ Substance Abuse Problems

Drug abuse challenges require various levels of training, knowledge and skills capacity. Figure 5.4 below represents the extent to which the school health nurse and community-based healthcare workers are capacitated to address the scourge of drug abuse by learners, particularly at the two selected research sites. In the context of this study, "capacity" entails such variables as: the education and training background, knowledge and skills, as well as work-related experience.

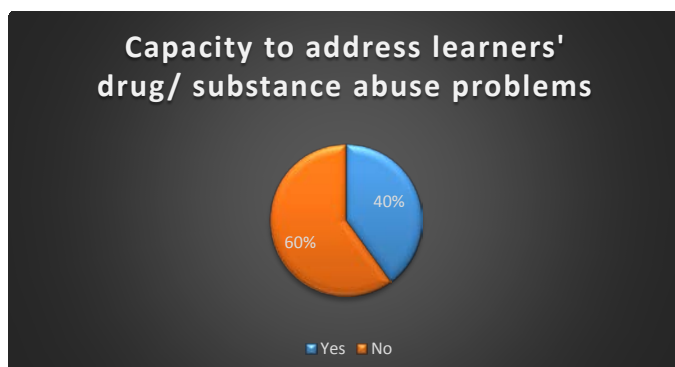


Figure 5.4: Capacity to address learners' drug/ substance abuse problems

From Figure 5.4 above, 60% (n=16) of the 26 respondents were of the view that they had the necessary capacity to address the drug and substance abuse challenge faced by learners in the two Eldorado Park Extension 4 high schools under investigation. These respondents indicated that learners were referred to organisations such as SANCA in nearby Eldorado Park Extension 7 for counselling and rehabilitation. Furthermore, they organised campaigns to raise awareness on the dangers of drug and substance abuse. The remaining 40% (n=10) were of the view that the drug abuse challenges were not adequately addressed. This latter category of respondents indicated that extra-curricular sporting activities within the school setting would alleviate the problem, but constraints such as lack of infrastructure hindered these efforts. They also indicated that the capacity of schools was severely limited by the fact that school health nurses were not continuously based at the schools as educators were.

5.2.3.2 Availability of Structured Pre- and Post-Counselling Programmes

The sustainability of drug abuse intervention initiatives is largely dependent on the availability of structured pre- and post-counselling programmes (Milliken-Tull & McDonnell, 2017: 28; National Drug Master Plan: 2013-2017). Figure 5.6 below illustrates the extent of such availability, or a lack thereof in the context of formally structured drug intervention programmes prior and during the actual counselling process itself.

From Figure 5.5 below, the majority view (70%, n=18) is that both pre- and post-counselling programmes and services do exist. The prevalence of such programmes and services reinforces the perspective posited in Figure 5.5 above – the assertion by the majority (n=16, 60%) of Figure 5.5 that there were sufficiently capacitated to address drug and substance abuse problems in the two schools. In Figure 5.5 below, 70% (18 respondents) indicated that pre- and post-counselling programmes were

available, and added that they received great support from the school and from organisations such as

LoveLife. Based on the latter, the general view is that factors other than the capacity could be attributed to challenges being experienced in the eradication of learners' drug abuse in schools.

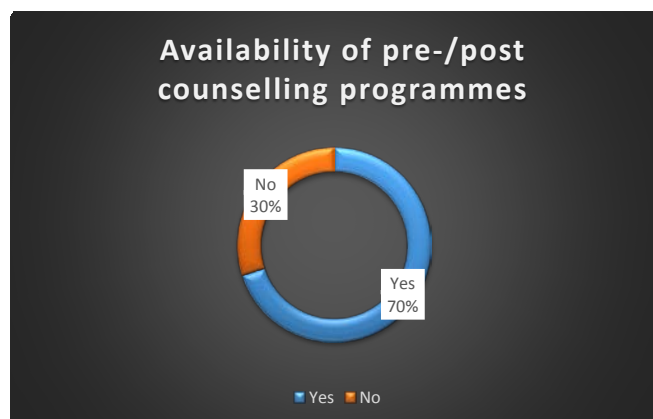


Figure 5.5: Availability of structured pre- and post-counselling programmes

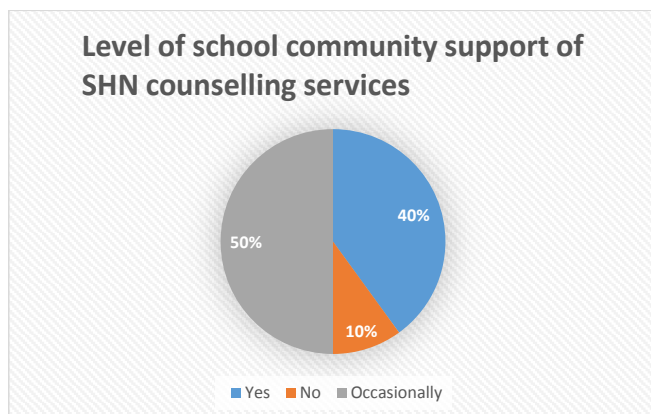
From Figure 5.5 above, only 30% (n=8) of the respondents indicated a contrary view - that the counselling services being referred to were unavailable. This view is obviously outweighed by the majority responses of Figure 5.4 (60%, n=16), which implies that the prevalence of capacity as supported by the availability of the requisite pre- and post-counselling programmes and services.

5.2.3.3 School Community Support of SHN Counselling Services

In the context of this study, the nuance, 'school community' refers to all the critical components and stakeholders - both internal and external – who render, or benefit from services and programmes rendered *to*, or *by* the school. The critical internal school community stakeholders include the learners, educators, the SGB, the SMT, and the principal/ headmaster as the fiduciary representative of the Department of Basic Education (and Department of Health in respect of those few on-site visits per year by the school health nurse). The external school health community stakeholders would include parents, NGOs, CBOs, as well as the law enforcement authorities and criminal justice system of the country.

The extent of support of SHN counselling services by the broader school community reflects the level(s) of multiple stakeholders' involvement and engagement in the protracted fight to eradicate the scourge of drug abuse by learners in schools. Figure 5.7 below represents the level of the broader school community's support of counselling services offered by school health nurses.

Figure 5.6: School community support of SHN counselling services



From Figure 5.6 above, 50% (n=13) of the respondents indicated that there was occasional support from parents in particular, compared to support by other health practitioners and the support of the South African Police Services. Forty percent (40%, n=10) indicated that there was some degree of parental support, while 10% (n=3) indicated that there was very minimal support of SHN counselling services by parents. The overall view is that there is parental support, albeit not to the expected level as the support of other stakeholders.

5.2.3.4 Monthly Average Substance Abuse Cases

Given the magnitude of the drug abuse problem, particularly in the two identified Eldorado Park Extension 4 high schools, it was necessary to reflect on the monthly prevalence rates, which are depicted in Figure 5.8 below in order to validate or invalidate the claim of the high prevalence rates.

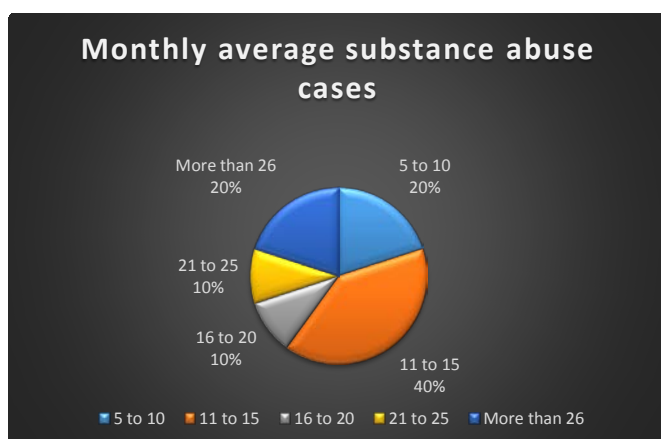


Figure 5.7: Monthly average substance abuse cases

From Figure 5.7 above, the average monthly reported cases range from the lowest (5-10 cases) as reported by 20% (n=5) of the respondents, to the highest (more than 26

cases) as reported by another 20% (n=5) of the respondents. The amount of 26 cases per month is in itself very alarming, considering that participants were from only two schools in the Eldorado Park area. Such disconcerting figures are indicative of the need for more protracted and multi-disciplinary interventions. These high prevalence rates justify the need for dedicated qualitative school health services and the quantitative increase of providers of school healthcare services.

5.2.3.5 Level of SHN Training

The level of school health nursing is not a stand-alone factor, but is interrelate to other aspects such as the professional categories and educational backgrounds of the twenty-six respondents. Figure 5.8 below illustrates the extent to which the level of SHN training is considered to be a critical capacity factor in the fight against learners' drug abuse.

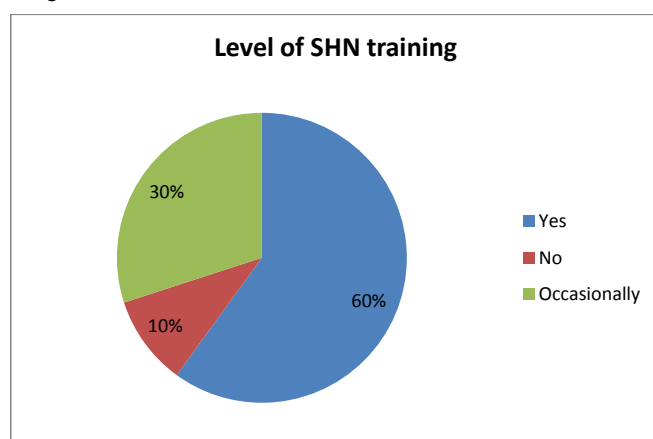


Figure 5.8: Level of SHN training

From Figure 5.8 above, the majority of 60% (n=16) of the respondents were sure (Yes) of the adequacy of SHNs' training, while 10% (n=3) were totally not sure (No); and 30% (n=7) provided a neutral (Occasionally) response. Correlationally, the 60% (n=16) majority's confirmation of the adequacy of SHN training in Figure 5.8 above is in concurrence with the confirmation of the capacity to address the drug abuse problem as confirmed by 60% (n=16) of the respondents in Figure 5.4 (p. 81).

5.2.3.6 Extent of the ISHP's Effectiveness

The Integrated School Health Policy (ISHP) of 2012 is the joint Department of Basic Education and Department of Health flagship initiative intended to actualise the principle of learners' health education in safer learning environments. Whereas all of the previous questions above (sub-sections 5.2.3.1-5.2.3.5) focused to a large degree on the school health nursing and healthcare domains, Figure 5.9 below is mainly premised on health education policy. Given the astronomical scale of learners' drug

abuse in the Eldorado Park Extension 4 area, it was necessary for the researcher to determine the extent of the ISHP's contribution towards the eradication of the drug abuse menace in the area. The ISHP itself is particularly referred to as “[it] outlines the role of [the] respective [governmental] departments in addressing the health needs of learners, with the aim of ensuring that a strong school health service operates according to clear standards across the country” (DoH & DoBE, 2012: 3). Furthermore, and for purposes of this study, the ISHP policy document categorically addresses virtually all human resources and practices associated with the provision of school healthcare and education services (DoH & DoBE, 2012: 9ff).

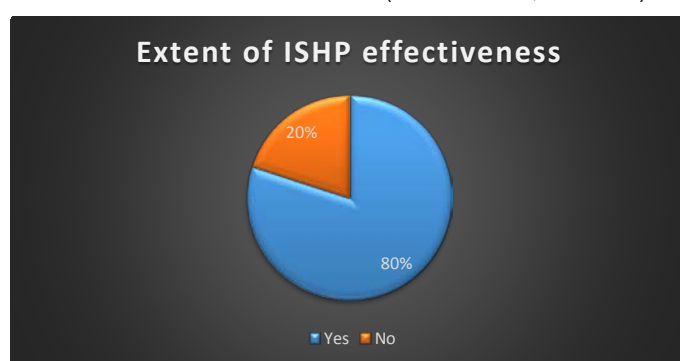


Figure 5.9: Extent of the ISHP's effectiveness

Of the total number of respondents in Figure 5.9 above, 80% (n=20) strongly believed that the ISHP was instrumental in the inculcation of healthy living values as part of the school health education programme. On the other hand, only 20% (n=6) held a contrary view - that there were gaps in the ISHP that rendered it an ineffective tool in the fight against the virulent scourge of drug abuse in schools. One of the respondents further indicated orally that they had been to an ISHP training workshop two weeks prior to the administration of the questionnaires by the researcher. Two other respondents also orally indicated that they had not yet received any ISHP training. The lack of training by the minority of the respondents does not seem to contradict the majority views on the capacity to render effective drug prevention services (as well as the availability of pre- and post- counselling services), as already demonstrated in Figure 5.4 (p.81) and Figure 5.5 (p. 82) respectively. That the ISHP is viewed as effective by the majority of the respondents, implies that any gaps in the comprehensive approach to school healthcare and education were being addressed at the highest school policy development levels. It is the implementation aspect which still needed to be fully addressed - thus rendering a degree of urgency to the shortage of school health nurses.

5.2.3.7 Adequacy of School Healthcare Training

In their collective capacity as components of the school and community health personnel, the educational backgrounds of the respondents (as reflected in Figure 5.2, p.77) indicate that a certificate or diploma was the highest educational qualification attained. In Figure 5.8 (p. 84) the level of SHN was considered to be adequate. Given this state of affairs, Figure 5.10 yields some degree of comparison to provide a holistic view of the training of the entire team providing school healthcare services.

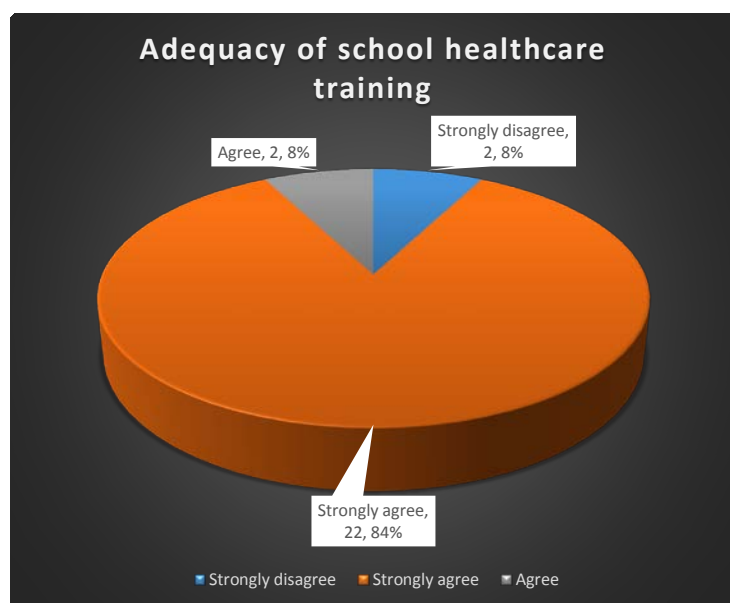


Figure 5.10: Adequacy of school healthcare training

Whereas the focus of Figure 5.8 (p. 84) was particularly on school healthcare nurses, Figure 5.10 above reflects on the extent of adequacy of training for the entire school health team. The majority of the respondent (84%, n=22) strongly agreed that healthcare training (irrespective of educational background and qualifications) was adequate, while 8% (n=2) strongly disagreed and another 8% (n=2) agreed. On the whole, and despite the structurally induced shortages of SHNs, there is sufficient training provided to close this human resources shortage. Therefore, shortcomings in the delivery of effective healthcare interventions and programmes could be attributed to other factors indirectly related to the availability of relevant personnel.

5.2.3.8 Privacy of Counselling Services to Drug Abusing Learners

The provision of counselling services relates to the degree of the professionalism with which drug abuse challenges are addressed by adequately trained healthcare personnel. In Figure 5.5 (p. 82), the majority of respondents (70%, n=18) confirmed the availability of pre- and post-counselling services. Against this background, Figure

5.11 below is one of the measures to test the extent of professionalism insofar as the very pre- and post-counselling services are concerned.

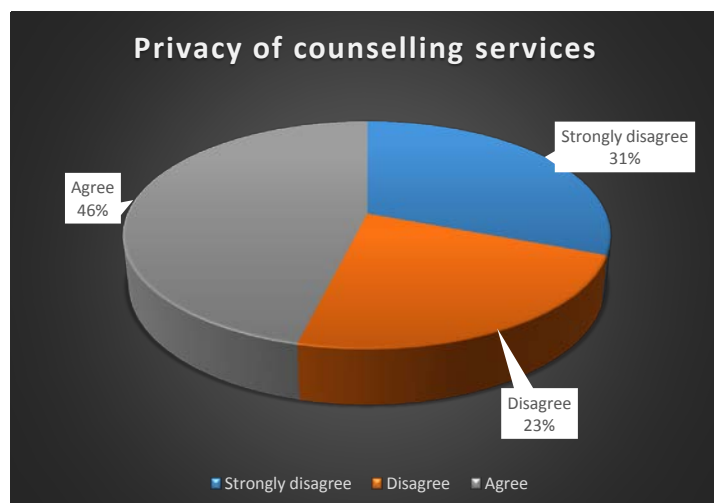


Figure 5.11: Privacy of counselling services

Figure 5.11 above reflects that a majority of 46% (n=12) of the respondents agree that counselling services are provided in privacy, while 31% (n=8) disagree, and 23% (n=6) disagree. Based on the majority views, it could be concluded that some degree of professionalism is prevalent insofar as counselling privacy is concerned - albeit not very convincingly.

5.2.3.9 Regularity of Referral Follow-up

The regularity of referral follow-ups of drug abusing learners for further specialist care is very important, and is also linked to both the degree of professionalism and the quality of healthcare services and programmes. Figure 5.12 below is a depiction of the frequency of the referrals by the school healthcare providers (SHNs and CHWs) for drug and substance abusing learners who require the services of specialists (e.g. social workers and psychologists). These specialist caregivers for such situations are usually available outside of the physical location of the schools themselves. In the case of Eldorado Park, the local SANCA branch in Extension 7 also assists in attending to some drug addiction cases referred by the school.

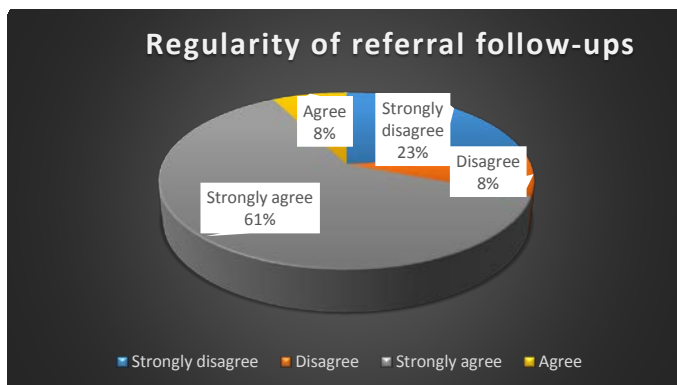


Figure 5.12: Regularity of referral follow-up

Figure 5.12 above indicates that there is a general degree of agreeability that regular follow-ups are made at school level for drug abusing learners who are referred. A total majority of 69% (n=18) consisting of 61% (n=16) strongly agreeing and 8% (n=2) who only agreed. In addition, a minority total of 31% (n=8) generally disagreed, disputing that referral follow-up of drug abusing learners for specialist attention was not regular.

5.2.3.10 Manageability of Healthcare Workload

In terms of the current dispensation, SHNs are contractually employed under the Department of Health, and not under the Department of Basic Education. As sparse as they are (1SHN for every 2000 learners), they are not permanently based at schools. Much of their daily workload is allocated to their clinical and/or ward-based responsibilities, depending on the level of their educational qualifications.

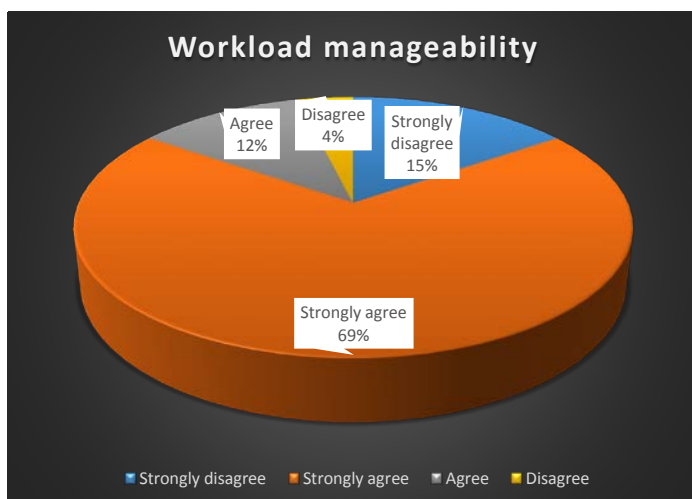


Figure 5.13: Manageability of healthcare workload

On the other hand, CHWs) are largely focused on healthcare NGO and CBO healthcare work. In the meantime, the educator component of the school healthcare team are first and foremost, teachers of examinable curriculum subjects and allocate most of their teaching time to the associated responsibilities - which involve pedagogy and administration.

Figure 5.13 represents the views of the school healthcare team as a collective. The majority 69% (n=18) strongly agree that they are sufficiently equipped and able to manage the healthcare workload. (On hindsight, the researcher could have probed further to find out whether the workload had any psychological and other forms of ramifications on them, given the demands of attending to the escalating drug and substance abuse cases).

5.2.3.11 Cultural Issues' Impact on School Healthcare Delivery

In a racially sensitive environment as characterised in many settings in the country, it was the researcher's intention to determine the extent to which cultural issues impacted on the delivery of school healthcare programmes. While healthcare provision is a universal phenomenon, some cultural dynamics in different contexts may be inimical to such provision (Degu & Yigzaw, 2006: 5; Lee, 2011: 5; London & Baldwin-Ragaven, 2006: 20). The researcher's interest in the cultural issues was not unfounded, considering that learners (and educators) at the two selected research a multi-cultural community of so-called Coloured, Africans and Indians.

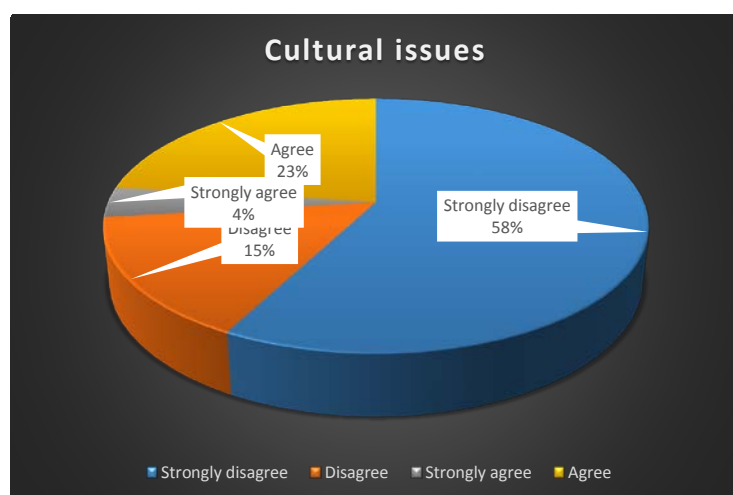


Figure 5.14: Impact of cultural issues

From Figure 5.14 above, a majority of 58% (n=15) of the respondents strongly disagreed that culturally induced impediments posed a challenge to the provision of healthcare services. The implication is that the provision of drug abuse

prevention measures was not in any way compromised by the multicultural milieu of the research sites. The general degree of disagreeability is further increased by the 15% (n=4) who only disagreed moderately. Therefore, there was a total disagreeability level of 73% (n=19); that is, (58% (n=15) + 15%, n=4)), and a minority with a general agreeability level of 27% (n=7) consisting of the 4% (n=1) who strongly agreed and the 23% (n=6) who moderately agreed. On the whole the overall majority degree of disagreeability shows that the respondents did not any cultural issues as having any significant bearing on healthcare provision.

5.2.3.12 The ISHP's Integrative Value

In Figure 5.9 (p. 85) the researcher sought to establish the efficacy of the ISHP from the respondents' perspectives. Eighty percent (n=20) of the respondents reported that the ISHP was viewed as an effective policy document. Figure 5.15 below provides further clarity on the ISHP in respect of the extent of its integrative (comprehensive) value as a healthcare instrument.

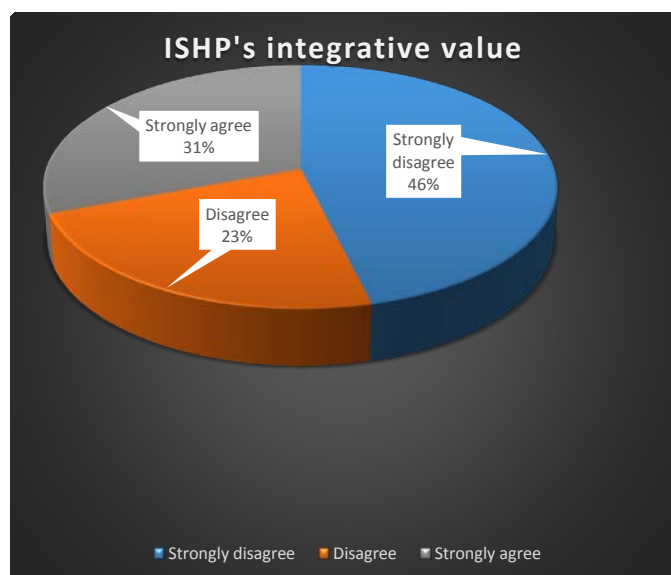


Figure 5.15: Integrative value of the ISHP

Figure 5.15 above indicates that a total majority of 69% (n=18) - consisting of 46% (n=12) and 23% (n=6) - generally disagreed that the ISHP was sufficiently integrative of all aspects of healthcare service provision. This view is contrary to the majority view of the efficacy of the ISHP as illustrated in Figure 5. 9. On the other hand, a minority total of 31% (n=8) in Figure 5.15 agreed that the ISHP did not integrate all the aspects considered to be both relevant and effective in the provision of healthcare and education services. That there are contradictory views on the efficacy and value of the ISHP, implies that both the DoH and the DoBE still needs to ensure that remedial

interventions such as workshops and re-skilling initiatives are implemented on a regular basis. Such initiatives should empower all relevant school community stakeholders in better understanding the value of the ISHP, “which outlines the role of our respective departments in addressing the health needs of learners, with the aim of ensuring that a strong school health service operates according to clear standards across the country” (DoH & DoBE, 2012: 3).

5.2.3.13 Roles of the DoH and the DoBE in School Healthcare Development

The rationale for pursuing the roles of both the DoH and the DoBE is premised on the need to determine whether or not it was feasible to allocate SHN responsibilities to a single or both departments. By implication, the reference to the ISHP in sub-sections 5.2.3.5, 5.2.3.6 (p.84) and 5.2.3.5.12 (p. 90) translates into the role of the Departments of Health and Basic Education as the fiduciary authorities responsible for the implementation of the ISHP from national to district level. Table 5.15 below reflects the respondents’ views on whether or not the roles of both the DoH and the DoBE are contributory to the shortage of school health nurses and the provision and management of school healthcare services.

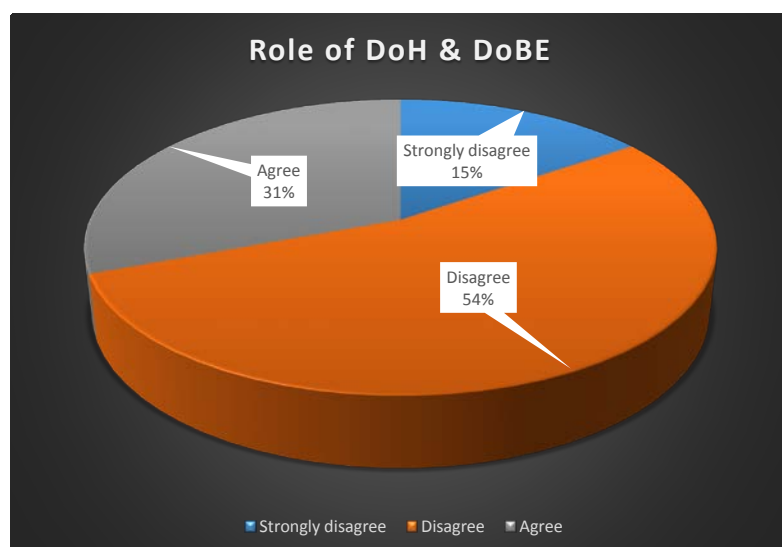


Figure 5.16: Roles of the DoH and DoBE in school healthcare development

From Figure 5.16 above, only 31% (n=8) of the respondents agreed that the placement of SNH responsibilities under two government departments was inimical to the provision of school healthcare services. On the other hand, a total majority of 69% (n=18) generally disagreed, meaning that they did not view the ‘duality’ of SNH responsibilities under the DoH and the DoBE as a contributory factor to the shortage of school health nurses and the provision and management of school healthcare

services. Based on the latter, it appears that the current arrangement of 'duality' will prevail for some time. Alternatively, dedicated school healthcare programmes would have to be integrated into the formal school curriculum, enhanced by the training of dedicated educators beyond the offering of Life Orientation as a 'replacement' of comprehensive healthcare issues including drug and substance abuse. Continuous retraining should also be afforded to community-based healthcare workers. Such a measure would reduce over-reliance on the professional school health nurse.

5.3 QUALITATIVE DATA ANALYSIS AND INTERPRETATION

It is worth mentioning that the quantitative (questionnaire-based) aspect of data collection was centripetally focused on the Research Objectives as articulated in sub-section 1.3.1 (p. 7) of this study. It is against that specific backdrop that the qualitative data analysis (Section 5.3) serves as a complementary (rather than separate) reference point in keeping with the complementarity of mixed-methods approaches. This qualitative data analysis section also focuses largely on the elicited interview-based and descriptively analysed conversations with the selected 9 (nine) educators from the two research sites (Creswell, 2013: 19). Transcripts were created from the raw narrative statements. Thereafter, the raw data was interpreted and reduced (classified) to themes, categories, and sub-categories. The researcher then scrutinised the verbatim perceptions, reflections, descriptions and explanations of the research participants. It was important to pay particular attention to each respondent's descriptions, because what they said and discussed creates the crux of the qualitative research findings (Gibbs, 2007: 94). It is also worth mentioning that the researcher has taken cognisance of the occupational and professional differences between educators/ teachers, professionally trained, qualified school health nurses, and community-based healthcare workers. However, the perspectives of educators (who are the primary qualitative data generation category in this section) are indispensable insofar as they are the first point of contact between learners and the larger school community. Most importantly, the educators' daily on-site experiences with the learners qualify them to possess more first-hand information and knowledge; as opposed to the SHNs and CHWs who are not permanently based at the schools.

5.3.1 Identification of Key Themes

During the analysis of the interview-based data elicited from the nine educators, the identification of key themes was informed by the overall intentions of the study, namely: *To explore and describe the nature and extent of school health nurses' role in the prevention of drug abuse by learners in schools.* Subsequent to the process of reducing data to its most irreducible statements and themes, the redundant, superfluous, and/ or repetitive responses were eliminated as they were considered

either irrelevant, misdirected, or inappropriate (Braun & Clark, 2006: 20). Emanating from the overall intentions of the study, four main themes, their categories, and sub-categories were then identified from the nine educators' collective interview-based contributions. These main themes are:

- Stakeholder Involvement/ Engagement;
- Collaboration and Support/ Interaction between SHNs, CHWs and Educators;
- Quality/ Efficacy of Drug Abuse Intervention Programmes; and
- Training and Preparation/ Job Readiness and Capacity.

The above-mentioned four main themes, their categories, and sub-categories are presented in the table below.

Table 5.2: Main themes, categories and sub-categories

Main Theme	Category	Sub-Category
Stakeholder Involvement/ Engagement	1.1 Communication	1.1.1 Shortage school health nurse 1.1.2 Educators very busy
	1.2 Numerous schools	1.2.1 Limited time allocated for screening 1.2.2 No platform: nurse & educator interaction
	1.3 No arrangements	1.3.1 No drug problem guidelines 1.3.2 Arbitrary drug intervention
Collaboration and Support/ Interaction between SHNs, CHWs & Educators	2.1 Lack of contact	2.1.1 Least nurse & educator contact 2.1.2 Lack of support for SHN
	2.2 SHN not recognised	2.2.1 No policy 2.2.2 No resources
	2.3 Not part of school team	2.3.1 Excluded from school activities 2.3.2 Other school health pressures
Quality/ Efficacy of Drug Intervention Programme	3.1 Lack of policy	3.1.1 No programme 3.1.2 No training
	3.2 Challenged by activities	3.2.1 Lack of incentives 3.2.2 Workload & lack of commitment
Training and Preparation/ Job Readiness and Capacity	4.1 No training	4.1.1 No training 4.1.2 No incentives
	4.2 Constituency support	4.2.1 Partnership limited 4.2.2 Not performance area

5.3.2 Thematic Context of Participants' Narrated Statements

During the interview-based focus group discussions, the researcher utilised both the 'grand tour' question and supplementary questions as reflected in Annexure C (Interview Guide, p. 99) in order to generate conclusive responses per each variable. In tandem with the overall intentions of the study, the 'grand tour' question was framed thus: How effective is the school health nurse's role in managing drug abuse

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prevention programme? The supplementary questions appear under each below-cited theme together with respective participants' narrated statements. It is necessary to mention here that the questions were not necessarily responded to as in the chronological order of the Interview Guide.

Not all nine participants/ educators responded to all supplementary questions in the same level of detail. For that reason, the response rate per question varies. Of critical importance is the fact that the spontaneity and flexibility allowed to the research participants did not compromise the completion of the focused group interviews being attended to during the allocated one hour. Under each theme, more than one question could have been posed, which implies the spontaneity and flexibility factors to afford the participants to respond according to their own understanding and knowledge. Therefore, the *modus operandi* in this sub-section (5.3.2) is premised on the proportionality of narrated responses to the corollary theme, after which a summary of the key themes ensues in sub-section 5.3.3.

5.3.2.1 Stakeholder Involvement/ Engagement

The researcher's intention was to obtain the participants' own understanding, perceptions, and experiences in their professional capacity, on the extent to which school health nurses and other school healthcare workers involve and engage with a range of individuals or organisations internally and externally, in resolving learners' drug abuse problems. Such individuals and/ or organisations could be community-based healthcare NGOs, social workers, the police, psychologists, psychiatrists, the courts, the community, and relevant government departments such as Basic Education, Health, Social Development, and Justice. Following are the question(s) and narrated statements consistent with the above theme, that is, Stakeholder Involvement/ Engagement:

Question(s)

The police, social workers, and justice system are helpful when learners' drug/substance abuse violations are reported (Yes/ No).

Participant D: *Yes, because they want the drug abuse statistics to be reduced so that schooling can take place.*

Participant A: *Yes. Parents/ guardians of drug/ substance abusing learners are very cooperative.*

You rely on the drug abused learners' parents or guardians for information concerning drug/ substance abusing learners (Yes/ No).

Participant H: *No, parents are in denial.*

Participant B: *You get more support from educators than from parents/ guardians.*

Participant G: *Yes, Learners does not come forward, they are reluctant to disclose as drug abusers. They are violent*

Drug/ Substance abusing learners promptly report their problem to parents as soon as it occurs (Yes/ No).

Participant C: *No, they want to continue with their habits.*

From the above responses, it is irrefutable that the degree of parental involvement expected from the parents of drug abusing learners is not encouraging. In the broader context of the school community, the above qualitative responses cohere with the quantitative responses obtained in Figure 5.6 (p. 83) in which 50% (n=13) of the respondents categorically reflected that parental support of SHN counselling services was “occasional”.

5.3.2.2 Collaboration and Support

From the researcher's viewpoint, collaboration and support on the one hand, and stakeholder involvement/ engagement on the other, may appear synonymous. However, the former (collaboration and support) is mainly premised on the role players *within* the nursing and healthcare sector. The latter (stakeholder involvement/ engagement) would then apply more to role players who are even outside of the environment of the school healthcare provision. The researcher's intention was to obtain the research participants' own understanding, perceptions, and experiences in their professional capacity on the extent of inter- or intra-professional co-operation in resolving learners' drug-related problems; considering that they (educators) were mainly trained to teach examinable curriculum prescribed subject matter. Where possible (depending on their knowledge and awareness in this regard), they also provided their on-site observations relating to the multi-disciplinary approaches resorted to. Following are the question(s) and statements, consistent with the above theme of collaboration and support:

Question(s)

Community-based healthcare workers should be incorporated to the school health team to manage drug abuse in the school (Yes/ No).

Participant F: *Yes, they are our referral system and are well structured and helpful.*

Participant E: *SHN are not given the platform to conduct health talks about drug abuse at assembly level.*

Participant B: *By employing more school health nurse and having and having them work hand in hand with other health care professionals. Government must be involved. By having a seminar with different professionals to discuss this problem with children and parents.*

How do you perceive the interaction between school health nurses and other health practitioners in the school environment?

Participant I: *Excellent team work is provided.*

Participant G: *Working together towards a common goal.*

Are there any serious issues related to the collaboration among school health nurses and other professionals in the school environment that deserve attention?

Participant H: *No proper communication and no liaison with each other.*

Participant C: *There is no communication between SHN and other health practitioners in the school environment.*

The range of contradictory responses above indicate that tangible inter-professional and intra-professional collaboration and approaches need to be developed and promoted in order to avoid a complete collapse of drug abuse interventions. The advancement of drug abuse necessitates that multidisciplinary collaborative initiatives be applied in order to keep abreast of world-wide developments in the realm of drug and substance abuse (National Drug Master Plan: 2013-2017).

5.3.2.3 Quality/ Efficacy of Drug Abuse Intervention Programmes

The researcher's intention was to obtain the research participants' own understanding, perceptions, and experiences in terms of the quality or efficacy of drug abuse intervention programmes, considering that they (educators) were mainly trained to teach. Following are the question(s) and narrated statements consistent with the above theme:

Question(s)

A proper record-keeping system exists between the schools and all the critical stakeholders involved with teenage drug/ substance issues (Yes/ No).

Participant G: *No, record keeping is poor; no proper follow up can be done in this instance.*

Participant B: *No, there is no structured programme in place and there is no infrastructure compromising confidentiality.*

Participant C: *Sometimes, they lost track of the drug abuse learners*

In your view, how can drug abuse be prevented most effectively in schools?

Participant H: *Health education, presentations during assembly, flyers and awareness campaigns.*

Participant E: *Education projects and media. By providing after school activities like soccer. They are encouraged to play netball and soccer. Referring them to rehabilitation centres.*

Drug/ Substance abusing learners are aware of school health services provided by the school (Yes/ No).

Participant D: *No, they only see the school health nurse as doing health screening.*

Participant A: *Yes, drug abuse amongst learners is getting higher and higher.*

Referrals are promptly acted on by the relevant health practitioners (Yes/ No).

Participant I: *Yes, because the SHN does not want other learners to see them as drug abusers, their peers might just copy them.*

Drug/ Substance abusing learners promptly report their problem to educators as soon as it occurs (Yes/ No).

Participant F: *No. They hide it far away from the educators*

Participant A: *No, they are scared they will report them to the educators and their parents*

The general observation emanating from all of the above responses is that the quality of drug prevention programmes in schools may be compromised if these programmes are regarded as a mere add-on to the daily routine of the school. Such a view is also supported in a study by Milliken-Tull and McDonnel (2017: 11, 17), who allude that the non-allocation of drug prevention programmes as part of the formal / statutory curriculum is directly responsible for the dismal failure of such programmes.

5.3.2.4 Training and Preparation/ Job Readiness and Capacity

The researcher's intention was to obtain the research participants' own understanding, perceptions, and experiences in terms of their own professional capacity when resolving learners' drug-related problems, considering that they (educators) were mainly trained to teach. Where possible (depending on their knowledge and awareness in this regard), they also provided their on-site observations relating to the Department of Health-appointed school health nurses' capacity in respect of the above theme. Following are the question(s) and narrated statements consistent with the above theme:

Question(s)

Educators should be trained as part of the school health team (Yes/ No).

Participant C: *Yes, because they are close to the learners and will easily identify learners that abuse drugs.*

Matriculated learners should also be trained as school health practitioners (Yes/ No).

Participant H: *Yes, they will make a difference because they know their peers.*

Do you have enough capacity to handle drug/ substance abusing learners?

Participant B: *I rely on my training to realise a drug/ substance abusing and addicted learner at the earliest stages.*

Participant D: *I am fully conversant with the objectives and expected outcomes of my work.*

Only professionally trained registered nurses should become school health nurses

Participant E: *No, teachers can also be trained as school health nurses.*

Do school health nurses directly address the drug abuse problems faced by learners?

Participant A: *Yes, because they are being educated about drug abuse.*

With regard to the training and preparation/ job readiness and capacity of the school healthcare providers, it is abundantly clear that educators support the augmentation of SHNs by other duly trained personnel who have not necessarily followed the same education and training trajectory prescribed for nursing qualifications by the SANC acting on the statutory behalf of the DoH.

5.3.3 Summary of the Qualitative (Interview-Based) Findings

The interviewed-based qualitative findings from the elicited responses (narrative statements) of the nine participants considered the main themes, categories, and sub-categories as articulated in Table 5.2 (p. 93).

5.3.3.1 Stakeholder Involvement/ Engagement

The dynamics of the abuse of drugs in schools require the involvement of all internal and external stakeholders. From the participants' views, there is overwhelming agreement that parents are the 'weakest links' by their protective denialism. Stakeholders such as the police, educators, and social workers were presented as being more involved than parents/ families. Such a state of affairs does not augur well, since parents/ families of the drug abusing learners in particular, should be expected to be at the forefront since they are the first point of contact and reference between the school and society at large.

5.3.3.2 Collaboration and Support

While there seems to be sufficient support for the work of school health nurses in schools, multi-professional collaboration is on a different par. Support has been exemplified by the prevalence and adequacy of the school-based referral system in conjunction with external professional stakeholders such as social workers, drug rehabilitation professionals, and psychologists. The minimal collaboration levels were amplified with the need for the employment of more social workers and more seminars with other health professionals. There is a clear indication that more communication

and knowledge sharing is needed direly between SHNs and their counterparts in other healthcare-related professions.

5.3.3.3 Quality/ Efficacy of Drug Abuse Intervention Programmes

It is the researcher's well-considered view that the quality and efficacy of the schools' drug intervention programmes was not wholly viewed as successful. At most, the efficacy level was viewed as marginally effective. That poor record keeping was unanimously cited as a challenge, implies that even the referral system could be affected adversely, as indicated by one of the participants who even mentioned a poor record of tracing the affected drug abusing learners. It is clear from the narrative statements that more than the content of the intervention programmes, administrative systems and management capacity still play a critical role in resolving the poor efficacy records in the affected schools.

5.3.3.4 Training and Preparation/ Job Readiness and Capacity

There is a general view that school health nurses are in a very short supply mode even in the Eldorado Park Extension 4 area. Which is the reason for participants' support of even matriculants and educators being trained as school health nurses in order to expand the human resources capacity necessary to address the magnitude of the drug abuse problem in the area of the study's investigation (Eldorado Park Extension 4 and its immediate environs). The participants do not doubt their potential and professional background to contribute towards the eradication of drug abuse.

The training and preparation or the job readiness and capacity of school health nurses and other healthcare workers and professionals is a multi-factorial variable in this study's quantitative and qualitative approach. For instance, the quantitative data accruing in instances such as in Figure 5.2 (p. 77) and Figure 5.8 (p. 84) impact on the training and preparation of SHNs and other healthcare workers in various but interrelated ways. There is generally a 60% younger healthcare workforce aged between 21-40 years, compared with the ageing 14% workforce in the 51-60 years age cohort (see Figure 5.1, p. 75). Most of the very younger generation are professionally qualified as registered nurses. It is therefore credible that there has been a qualitatively derived demand for the employment of more professional healthcare workers to counteract the scourge of learners' drug abuse with more energy and innovation, thus expanding coverage by quantitatively closing the gap induced by the conspicuous shortage of school health nurses.

5.4 CONCLUSION

For purposes of clarity, Table 5.3 below represents the research instrumentation (instrument type), the three categories of participants, as well as the actual number of participants per participant category.

Table 5.3: Summary of participants' level of involvement

Participant Category	Sample Size	Instrument Type	Total
School Health Nurse	1	Questionnaire/ Quantitative	1
Community Health Workers	25	Questionnaire/ Quantitative	25
Educators	9	Focus Group interview/ qualitative	9
Total	35	2 (Questionnaire/ Quantitative and Interview/ Qualitative	35

The data collection, analysis, and interpretation processes provided a context for the accumulation and verification of the evidence against which the study's objectives and recommendations could be developed (Walliman, 2011: 83). It is apparent from the overall evidence collected in this chapter that a mono-dimensional approach to the resolution of drug abuse in schools is unworkable. Multiple role players, skills capacity, and knowledge are the definitive way forward, as much as the reconceptualisation of society, culture, and socio-economic arrangements (Mabasa, 2012: 23-24).

CHAPTER SIX

MAIN CONCLUSIONS, FINDINGS, AND RECOMMENDATIONS

6.1 INTRODUCTION

The previous chapter addressed the data analysis, interpretations and research findings obtained by means of the quantitative (questionnaire) and qualitative (focus group interviews) research instruments. Chapter six provides a summary of the entire research process, with specific focus on the extent to which the research objectives have been attained. The presentation and discussion of the findings facilitated the context of the key themes which were articulated in association with the research questions (Kumar, 2012: 25). In addition, the summary of the findings is presented in order to establish a framework of the recommendations to the findings.

6.2 SUMMARY OF MAIN FINDINGS

In the previous chapter (Chapter 5), the findings of the study were articulated on the basis of the main themes emerging from the data analysis processes in terms of which redundant and irrelevant data and information were excluded (Holloway & Wheeler, 2010: 176). The summary of the main findings is presented herein as an integral component of the study's objectives, such that a determination could be made of the degree to which each the research objectives have been collectively achieved, or not achieved (de Vos et al., 2011: 115). Furthermore, the development of the conclusions and recommendations "served as the objective determination of any discussion pertaining to the emerging themes and findings of the study; the associated recommendations based on the main findings as well as the conclusion accruing from the study as a whole" (Grove et al., 2013: 598).

It is also worth noting that in terms or the configuration indicated in Table 6.1 below, one theme could apply to more than one objective, and *vice versa*. In essence, the table below is also a critical indication of the justification and rationale of the study. It is the researcher's contention that without such an indication, the attainment of the research objectives could be subjected to conjecture and speculation; thus rendering the entire research process as ineffectual.

Table 6.1: Collation of study objectives and key themes

STUDY OBJECTIVE	ASSOCIATED THEME(S)
To describe and explain the current state and role of school health nurses in relation to the prevention of drug abuse in schools	Quality/ Efficacy of Drug Abuse Intervention Programmes; Educational Backgrounds and Experience of the Respondents; Stakeholder Involvement/ Engagement & Level of SHN Training
To assess the human resources capacity and training of school health nurses to confront the magnitude of learners' drug abuse in schools	Training and Preparation/ Job Readiness and Capacity; Educational Backgrounds and Experience of the Respondents; Level of SHN Training
To determine the extent of the community's support of school health nurses' efforts in the management of learners' drug abuse	Collaboration and Support; School Community Support of SHN Counselling Services
To determine the quality and efficacy of drug prevention and rehabilitation programmes in schools in relation to the Integrated School Health Policy and National Drug Master Plan: 2013-2017	Quality/ Efficacy of Drug Abuse Intervention Programmes & Availability of Structured Pre- and Post-Counselling Programmes; Extent of the ISHP's Effectiveness
To determine the extent of school health nurses' inter-professional (interdisciplinary) collaboration with relevant internal and external stakeholders	Collaboration and Support & Stakeholder Involvement/ Engagement

6.2.1 Attainment of Objective 1

The study has managed to uncover the alarming magnitude of the drug abuse problem in the Eldorado Park Extension 4 schools, where as many as 26 cases have been reported monthly. Concomitantly, the quality/ efficacy of drug abuse intervention programmes was viewed by most of the respondents and research participants as marginally effective. Insofar as identification of the magnitude of the problem is concerned, Objective 1 was then adequately addressed. Multiple stakeholder involvement/ engagement was identified as a very plausible response to the virulent abuse of drugs in schools. It is in this regard that parents and families were also identified as 'the weakest link' of all the stakeholders.

6.2.2 Attainment of Objective 2

The content of the school health policies and projects (as indicated in Chapter 2) was not in dispute. However, from an administrative perspective, it has come to the fore that the efficacy of the school health education may be stymied by administrative deficiencies. For instance, the lack of proper record-keeping and referral systems may render some critical aspects of these programmes ineffective.

6.2.3 Attainment of Objective 3

The re-institutionalisation of the of school health nurses was greatly mooted as part of a comprehensively coordinated (inter-departmental) strategy to transform schools into genuine healthy physical learning environments. It has emerged that there is a short supply of school health nurses to meet the current rate of drug abuse occurrences. The current arrangement of SHNs who are not permanently stationed in schools has been cited as one of the reasons for the apparent perception of drug abuse programmes as inefficacious. Accordingly, the collaborative training of a range of school healthcare workers has been mooted, including matriculants, educators, and other external professionals.

6.2.4 Attainment of Objective 4

The Integrated School Health Policy is the flagship initiative of both the Department of Health and the Department of Basic Education. Similar to Objective 2, the content of this, and other health education policy documents is adequate. However, the implementation mechanisms demand more concerted efforts from all relevant stakeholders

6.2.5 Attainment of Objective 5

The main theme of Collaboration and Support and Stakeholder Involvement/Engagement is quintessential reflection of the attainment of **this objective, which sought** *To determine the extent of school health nurses' inter-professional (interdisciplinary) collaboration with relevant internal and external stakeholders.*

6.3 RECOMMENDATIONS

Recommendations are essentially a reflection of the researcher's propositions for improvement in the area or field of study being investigated (Kumar, 2012: 108). It is in this regard that the recommendations were articulated in order to validate both the results of the study and its contribution to the improvement of decision-making regarding the problem of drug abuse in schools. Accordingly, the recommendations proposed below are in alignment with the four main themes emerging from the study's quantitative and qualitative findings.

6.3.1 Recommendations for Stakeholder Involvement/ Engagement

It is irrefutable that the research participants generally lamented the parents/ families of drug abusing learners as the 'weakest link' of the entire school community. In this regard, the study proposes:

- The formation of a school community stakeholder forum in each school, independent of the existing school governing bodies (SGBS). The forum should be composed of at least a social worker, school health nurse, educators in the school health team, local community policing forum member, DoH and DoBE representatives, a local NGO representative, a learner representative per grade level, and parent representatives from the community. The forum should prioritise collaborative and broader innovative measures to combat drug abuse in schools, including family counselling and extra-curricular and recreational activities for learners; and
- SANGONET (South African Non-Governmental Organisations Network) should be incorporated into the stakeholder forum in order to provide a comprehensive form of engagement and perspective in the fight against drug abuse; and
- School security should be strengthened (e.g. regular searches) in order to prevent the easy flow of drugs and unknown persons to the schools.

6.3.2 Recommendations for Collaboration and Support

The dearth in multi-professional collaboration and support limits the scope of drug intervention programmes. In this regard, the following measures are proposed:

- Both the DoH and DoBE should establish a forum for school health nurses in each school district and empower such a forum should be empowered to collaborate and liaise with other fraternal professions in healthcare to support each other and share knowledge-based mechanisms for resolving the scourge of drug abuse; and
- School health teams should be capacitated with advanced training in counselling.

6.3.3 Recommendations for Quality/ Efficacy of Drug Abuse Intervention Programmes

The current regime of drug abuse interventions requires implementation urgency. In this regard, it is recommended that:

- Drug abuse and other related delinquent behaviours should be incorporated as examinable sections of Life Orientation at all grade levels; and
- The intervention programmes should entail predominantly learner-centred and peer involved approaches for the drug abusing learners to participate actively in rehabilitation processes.

6.3.4 Recommendations for Training and Preparation/ Job Readiness and Capacity

The SHN's role in the prevention and management of drug/ substance abuse is an essential component of the school health experience. It is recommended that:

- Dedicated school health education should be taught at the basic level of nursing education, in order to produce a dedicated cadre of school health nurses;
- Joint workshops should be held regularly between school health nurses and educators, social workers, and other relevant professionals in order to enhance the proficiency and preparedness of educators in particular, for acquiring the necessary skills capacity; and

6.4 SCOPE AND LIMITATIONS

The scope or delimitation of a study is premised on the conceptual frame of reference, boundaries, or the extent to which the particular study was narrowed for purposes of addressing the most pertinent or core issues in respect of the research problem (Singh, 2006: 30; Walliman, 2011: 34). In this study, three symbiotically related factors established a framework of its scope or delimitations. Notwithstanding, the scope does not limit the generalisability of the study (Grove et al., 2013: 598).

The study was geographically limited to Region G in Johannesburg West. The research sites in Eldorado Park Extension 4 are not necessarily representative of the entire scale of drug abuse in the larger precincts of Eldorado Park as a whole. Despite its geographic confinement, the study's methodological processes adhered to the objectives as initially intended. As such, the aspect of generalisability of the findings was not threatened (Grove et al., 2013: 598).

The sampling strategy applied in this study may limit the broad-based perspectives of the critical school community stakeholders. For reasons beyond the researcher's control, learners were not involved in the study. However, the availability of educators, school health nurses, and community healthcare workers enhanced the stakeholder involvement and sampling frame of the study. The findings would have been more insightful with the first-hand information of the drug abusing learners' lived experiences. Alternatively, the non-drug-abusing learners' involvement would also provide insights and perspectives that may have been overlooked by other participants.

6.5 FURTHER RESEARCH

Given the complexities associated with drug abuse in general, there is reasonable scope for further research in several areas of drug abuse as the central research problem in this study. While there is a need to pursue the efficacy or otherwise of drug

abuse intervention programmes, there is even a compelling case to further investigate the duality model according to which SHNs are placed under both the Department of Health and the Department of Basic Education. From the researcher's point of view, such further investigation would shed more light on the most appropriate model for the provision of healthcare services. Whether educators alone, or involvement of CBOs/NGOs and other nursing and healthcare professions and specialities was the most effective trajectory for adding value to learners' health and well-being.

6.6 CONCLUSION

This study was conducted in two schools in Eldorado Park Extension 4 with the objective of identifying the school health nurse's role in managing the school drug abuse prevention programme. The findings of the study have revealed that as much as their indispensability is broadly recognised, the school health nurses need extensive support within and without the physical school premises. In addition, more support is needed in the area of human resources, which is easily improvised by the inclusion of community healthcare workers. Most importantly, parents and families of the drug abusing learners in particular, need more professional support, since the home is the first site of correction and remedial supervision for any learner. The best of drug abuse intervention programmes would be rendered invalid without multiple stakeholder involvement.

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ANNEXURE A: PARTICIPANTS' INFORMED CONSENT

Drug abuse in schools is rife amongst learners, and continues to destroy the future of the victims and the socio-economic well-being of communities. I am a registered Master's degree student in the Department of Health Studies at the University of South Africa.

I hereby cordially invite you to participate in my research study on: *The Involvement of School Health Nurses in Managing School Health Programmes to Prevent Drug Abuse*. The purpose of the study is to explore and describe the experiences of the drug-abusing learners, the effects of drug abuse on the teachers and parents, as well as the possible involvement of school health nurses in the prevention of escalated drug abuse by learners. The information obtained will benefit the learners, school health nurses, parents, the community at large, as well as education and health care policy makers. The results of the study will be used to develop intervention mechanisms to ameliorate the drug abuse situation, particularly in schools.

Your involvement will be kept private, confidential, and anonymous. There is no risk of discomfort in sharing your information and you do not have to disclose or divulge your identity or any of your personal details or information. No unauthorized persons will be privy to any information arising from your participation in the study and the information obtained. You are at liberty to respond to questions in a language of your choice, and ask for clarification on any questionnaire item. Assistance will still be provided in your most preferred language.

The researcher undertakes to ensure that you are not exposed to any harm during the course of your participation in the study. In the event that you perceive a violation of any of your rights, you are allowed to withdraw from the study at any time during the course of the study. You will not be prejudiced in any way as a result of your withdrawal.

The required form of participation in the study will be by means of written responses to the questionnaire that will be provided to you by the researcher.

I confirm that I understand all of the above information regarding the study. I therefore fully consent to my participation in the study.

Respondent's Full Names	Respondent's Signature	Date
Researcher's Full Names	Researcher's Signature	Date

Sincerely.

Mrs A. Madikane

Unisa Student Number: 57668396

Researcher's Contact Details

Email: Abegail.Madikane@gauteng.gov.za

Tel: (011) 983 3052 (work)

Cell: 084 584 8089

Fax: (011) 983 3091 (work)

ANNEXURE B: LETTER OF REQUEST TO CONDUCT THE STUDY; SCHOOL

The Chief District Officer: Research
Gauteng Department of Education
Johannesburg
04 June 2015

Dear Sir/Madam

Request for Permission to Conduct Drug Abuse Research on School Premises

I, Abegail Madikane, am a registered Master's degree student in the Department of Health Studies at the University of South Africa.

I hereby cordially request for permission to conduct my research study on the premises of two Eldorado Park schools in Region G and will involve human research subjects in the form of sampled learners and school health nursing practitioners.

Drug abuse in schools is rife amongst learners, and continues to destroy the future of the victims and the socio-economic well-being of communities. The title of my study is: *The Involvement of School Health Nurses in Managing School Health Programmes to Prevent Drug Abuse*. It is envisaged that the empirical data collection phase of this study will be conducted during formally negotiated lunch breaks at the school, in order to avoid disruption of lessons.

The purpose of the study is to explore and describe the experiences of the drug-abusing learners, the effects of drug abuse on the teachers and parents, as well as the possible involvement of school health nurses in the prevention of escalated drug abuse by learners. The information obtained will benefit the learners, school health nurses, parents, the community at large, as well as education and health care policy makers. The results of the study will be used to develop intervention mechanisms to ameliorate the drug abuse situation, particularly in schools.

All ethical and informed consent protocol will be fully complied with prior to, and during the researcher's engagement with all the stakeholders at the school, particularly the school health practitioners and the affected drug abusing learners.

Your approval and granting of permission for the study to be conducted is highly appreciated.

Sincerely,

Mrs Abegail Madikane
Unisa Student Number: 57668396

Contact Details

Email: Abegail.Madikane@gauteng.gov.za
Cell: 084 584 8089
Tel: (011) 983 3052 (work)
Fax: (011) 983 3091 (work)

ANNEXURE C: INTERVIEW GUIDE FOR EDUCATORS

Grand Tour Question:

How effective is the school health nurse's role in managing drug abuse prevention programme?

Supplementary Questions:

A: Stakeholder Involvement/ Engagement

- 1. The police, social workers, and justice system are helpful when learners' drug/substance abuse violations are reported (Yes/ No).*
- 2. You rely on the drug abused learners' parents or guardians for information concerning drug/ substance abusing learners (Yes/ No).*
- 3. Drug/ Substance abusing learners promptly report their problem to parents as soon as it occurs (Yes/ No).*

B: Collaboration and Support

- 1. Community-based healthcare workers should be incorporated to the school health team to manage drug abuse in the school (Yes/ No).*
- 2. How do you perceive the interaction between school health nurses and other health practitioners in the school environment?*
- 3. Are there any serious issues related to the collaboration among school health nurses and other professionals in the school environment that deserve attention?*

C: Quality/ Efficacy of Drug Intervention Programmes

- 1. A proper record-keeping system exists between the schools and all the critical stakeholders involved with teenage drug/ substance issues (Yes/ No).*
- 2. In your view, how can drug abuse be prevented most effectively in schools?*
- 3. Drug/ Substance abusing learners are aware of school health services provided by the school (Yes/ No).*
- 4. Referrals are promptly acted on by the relevant health practitioners (Yes/ No).*
- 5. Drug/ Substance abusing learners promptly report their problem to educators as soon as it occurs (Yes/ No).*

D: Training and Preparation/ Job Readiness and Capacity

- 1. Educators should be trained as part of the school health team (Yes/ No).*
- 2. Matriculated learners should also be trained as school health practitioners (Yes/ No).*
- 3. Do you have enough capacity to handle drug/ substance abusing learners?*
- 4. Only professionally trained registered nurses should become school health nurses.*
- 5. Do school health nurses directly address the drug abuse problems faced by learners?*

ANNEXURE D: RESEARCH QUESTIONNAIRE FOR SCHOOL HEALTH NURSE AND COMMUNITY HEALTH WORKERS

Please complete the questionnaire as honestly as possible.

Cross X in the appropriate space next to the selected option.

Where applicable, write your view in the spaces provided.

You need not indicate your name anywhere in this questionnaire.

All information provided will remain anonymous, confidential, and anonymous.

Please note there is no correct or incorrect answer.

A: BIBLIOGRAPHIC INFORMATION

1. Age	<25	26-30	36-40	41-45	45-50	50 >
2. Gender	Male	Female				
3. Educational Background	Certificate/ Diploma	Bachelor's Degree	Honours Degree	Master's Degree	Doctoral Degree	Other
4. Work Experience	<1 year	1-5 years	6-10 years	11-15 years	16-20 years	>20 years
5. Professional Category	Professional Nurse	Enrolled Nurse	Enrolled Axillary Nurse	Psychologist	Social Worker	Other

B: DRUG ABUSE INFORMATION

Please cross (x) in the appropriate spaces provided

1. Does your school have the capacity to address the learners' drug abuse problem?

Yes	No
Please explain, whether Yes or No:	

2. Are structured pre- and post-counselling services available for drug/ substance abusing learners?

Yes	No
Please explain, whether Yes or No:	

3. SHN counselling services are well supported by the broader school community.

Yes	No
Please explain, whether Yes or No:	

4. On average, how many cases of drug/ substance abusing learners do you attend to monthly?

	Yes	No
5-10		
11-15		
16-20		
21-25		
26 and above		

5. Are you satisfied with the level of training provided to school health nurses?

Yes	No
Please explain, whether Yes or No:	

6. In your view, is the Integrated School Health Policy of the Departments of Health and Basic Education of 2012 effective?

Yes	No
Please explain, whether Yes or No:	

To what extent do you agree with the following statements?

7. You are adequately trained to render school healthcare services.

Disagree	Agree	Disagree
Please explain		

8. Counselling services should be provided in privacy to drug abusing learners.

Disagree	Agree	Disagree
Please explain		

9. You regularly follow up on referrals of drug abusing learners.

Disagree	Agree	Disagree
Please explain		

10. Your workload of school healthcare services is manageable.

Disagree	Agree	Disagree
Please explain		

11. Cultural issues do not impede on delivery of school healthcare programmes.

Disagree	Agree	Disagree
Please explain		

12. The Government's integration system is a useful instrument for understanding the ISHP.

Disagree	Agree	Disagree
Please explain		

13. The roles of both the DoH and the DoBE contributes to the shortage of school health nurses and the provision and management of school healthcare services

Disagree	Agree	Disagree
Please explain		

ANNEXURE E: CONFIDENTIALITY AGREEMENT

Drug abuse in schools is rife amongst learners, and continues to destroy the future of the victims and the socio-economic well-being of communities.

The Involvement of School Health Nurses in Managing School Health Programmes to Prevent Drug Abuse

is a study conducted for the purpose of exploring and the experiences of school health nurses and/ or drug-abusing learners, the effects of drug abuse on the teachers and parents, as well as the possible involvement of school health nurses in the prevention of escalated drug abuse by learners. The information obtained will benefit the learners, school health nurses, parents, the community at large, as well as education and health care policy makers. The results of the study will be used to develop intervention mechanisms to ameliorate the drug abuse situation, particularly in schools.

Your involvement will be kept private, confidential, and anonymous. There is no risk of discomfort in sharing your information and you do not have to disclose or divulge your identity or any of your personal details or information. No unauthorized persons will be privy to any information arising from your participation in the study and the information obtained. You are at liberty to respond to questions in a language of your choice, and ask for clarification on any questionnaire item. Assistance will still be provided in your most preferred language.

You are cordially requested to keep all the information pertaining to your involvement with the study, strictly confidential. By signing this agreement, you further undertake that you may be held liable to breach of agreement in the event that you are found to have disclosed any information of this study to any third parties.

I, **(Name of Participant/ Respondent)** hereby declare that I have been fully made aware of my rights in accordance with the informed consent of the above-mentioned research. I therefore agree to keep any aspect of the study and all the information accruing therefrom.

Respondent's Full Names	Respondent's Signature	Date
Researcher's Full Names	Researcher's Signature	Date

ANNEXURE F: LETTER OF APPROVAL TO CONDUCT THE STUDY

**SILVER OAKS SECONDARY SCHOOL
SILVER OAKS SEKONDÊRE SKOOL**

Postbus 965
Eldorado Park
1813
Telephone: 011 342 3161
Selfoon: 082 555 9729
Faks: 011 945 2291
E-pos: oaks.silver@gmail.com



P.O. Box 965
Eldorado Park
1813
Telephone: 011 342 3161
Cell: 082 555 9729
Fax: 011 945 2291
E-mail: oaks.silver@gmail.com

Verwys:.....

Ref:.....

13th June 2018

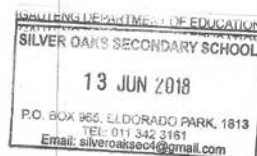
To Whom It May Concern:

This is to certify that **Abigail Madikane** has received permission from the SMT to conduct her research at the above – mentioned school.



Should you require any further information please do not hesitate to contact the writer hereof.

Yours in Education

**L.R. LE ROUX
PRINCIPAL**



**ANNEXURE G: UNISA HEALTH STUDIES RESEARCH AND ETHICS
COMMITTEE
CLEARANCE CERTIFICATE**

	
RESEARCH ETHICS COMMITTEE: DEPARTMENT OF HEALTH STUDIES	
REC-012714-039 (NHERC)	
2 November 2016	
Dear Mrs A Madikane	HS HDC/550/2016 Mrs A Madikane Student: 5766-839-6 Supervisor: Prof ON Makhubela-Nkondo Qualification: Doctorate Harvard University Joint Supervisor:
Decision: Ethics Approval	
Name: Mrs A Madikane	
Proposal: The involvement of school health nurses in managing school health programmes to prevent drug abuse.	
Qualification: MPCHS94	
Thank you for the application for research ethics approval from the Research Ethics Committee: Department of Health Studies, for the above mentioned research. Final approval is granted for the duration of the research period as indicated in your application.	
<p><i>The application was reviewed in compliance with the Unisa Policy on Research Ethics by the Research Ethics Committee: Department of Health Studies on 2 November 2016.</i></p> <p><i>The proposed research may now commence with the proviso that:</i></p> <ol style="list-style-type: none"><i>1) The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.</i><i>2) Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Research Ethics Review Committee, Department of Health Studies. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.</i>	
 <small>Open Rubric</small>	<small>University of South Africa Pretorius Street, Muckleneuk Ridge, City of Tshwane PO Box 392 UNISA 0003 South Africa Telephone: +27 42 429 3111 Facsimile: +27 12 429 4150 www.unisa.ac.za</small>

3) The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.

4) [Stipulate any reporting requirements if applicable].

Note:

The reference numbers [top middle and right corner of this communiqué] should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the Research Ethics Committee: Department of Health Studies.

Kind regards,



Prof L Roets
CHAIRPERSON
roetsl@unisa.ac.za



Prof MM Moleki
ACADEMIC CHAIRPERSON
molekmm@unisa.ac.za

Approval template 2014

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ANNEXURE H: CONFIRMATION OF ACADEMIC EDITING AND CONFIDENTIALITY

This letter serves as proof of editorial support provided to **Mrs Abigail Frayster-Madikane** in respect of her Master's research with the University of South Africa. Subsequent to the granting of approval by UNISA's Research Ethics Committee (Department of Health Studies) to commence her research, I provided editing support in order to enhance both the scientific integrity and professional acceptability of her study: **The Scholl Health Nurse's Role in Managing the School Drug Abuse Programme.**

As an independent academic editor, I further confirm that her study was subjected to comprehensive (substantive) academic editing and review, language control, and technical compliance in accordance with the rigorous intensity expected in postgraduate research studies.


I further provided editorial support in respect of her academic supervisor's suggested corrections and recommendations in compliance with acceptable practices in research methodology.

In compliance with conventional ethical principles of research, I have undertaken to keep all aspects of Mrs Abigail Frayster-Madikane's study confidential, and as her own initiative.

Sincerely,

All enquiries: TJ Mkhonto (Dr)
BA Ed: North-West University, Mafikeng Campus (1985)
M Ed: University of Massachusetts-at-Boston, USA (1987)
PhD: University of Johannesburg (2008)

Email: mkhonto9039@gmail.com
Cell: 076 035 2929

Signed: 
Dr TJ Mkhonto

Date: 12 June 2018
dd/mm/yyyy